PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

ż

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEAT
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1	. PLAC	CE OF D	EATH			(2293)
	Coun	ty	lane arund	iel		Registration Dist. No. 21
	Villag	ge or City	Eastpo.	r·t	7	No.293 Chester Ave., St., Ward
	Longth	h of roaldons	i i	1		death occurred in a hospital or institution, give its NAME instead of street and number)
			м			ds. How long in U.S. if of foreign blrth?yrsmosds.
2	. FULL	NAME	RCHIE	ANDERSO	OII	
1	(a) R	Residence: N	No. 295 Che			St, Ward.
+	DEC	CONAL	AND CTATIOT	(Usual place	Mary and the same of the same of	If nonresident give city or town and State
3 6	EX		AND STATIST			MEDICAL CERTIFICATE OF DEATH
J. 0) E.A.	4.	COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH
	nale		colored	marr	ied	(Month) (Day) (Year)
oa.	HUSBAN (or) WIF	l, widowad, or ID of De FE of	eruna and	erson		22. I HEREBY CERTIFY, That I attended deceased from 100. 1, 1938 to Max. 26 1934
6. I	DATE OF	BIRTH (mont	th, day, and year) 0 C	t. 17,	1888	I last saw have alive on march 26, 1937; death is said
7. /	AGE	Years	Months	Days	If LESS than	to have occurred on the data statad above, at
		45	5	9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8. Trade	e, profession,	or particular			Myacardial Insufferency Tou.
임			done, as SPINNER, I	ce busi	ness	(//) 4
PA	9. Indus	etry or busing ork was done	ess in which e, as SILK MILL, ANK, etc			
OCCUPATION		AW MILL, BA dacaasad las		II Total I	time (years)	
Ō	th th	nis occupation	n (month and	spe	entin this	
				Compte	opation	Other Contributory Causes of Importance:
12.		ACE (city or to or country)	town) 41 e 41 e	County land.	9	Chr. andocardile + Myserally
œ	13. NAME					Chr. Nyourles 1931
FATHER			unkno			Chr. aplino selvou
3		HPLACE (city State or coun	or town) UNKN	own		Name of operation Date of
						What test confirmed diagnosis? Chine Al Was there an autopsy? No
MOTHER		EN NAME	unkn			23. If death was due to extarnal causes (VIOLENCE) fill In also tha following:
5	16. BIRTI	HPLACE (city	or town) Unikn	o wn		Accident, suicide, or homicide? Date of injury, 19
-	(3	State or coun	itry)			Where did injury occur? (Specify city or town, county and State)
17.	INFORMAT		rtha Ande	rson,		Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.			OR REMOVAL			Manner of injury
	Placa_	Brese	er Hill C	Date Lar	. 39, 19 04	Nature of Injury
**	UNDEDTA	ven To	ohn L. Tar	rlor.		24. Was disaase or Injury in any way related to occupation of daceased?
19.	UNDERTA (Addr		anapolis.	ha.	A	If so, specify
0.5		374	.31.	March	l.	(Signed) 9: Welles Marlin M.D.
20.	FILED	1	, 1924	to line	Registrar,	(Addrass) Annakolis, md.
-				· · · · · ·		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	410
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		En ani	



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BINDING

RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
MAR 37 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

				1		
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

9 5 72 3

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEAT	H 02295
Ci C		153	0 1
Village or City Barrasa	10	Registration Dist	
Village or City Bandson	(III	No. death occurred in a hospital or institution, give its NAME ins	St., Ward witead of street and number)
Length of residence in city or town where death of	occurredyrsmos.	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME Frank	Bowel		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)		city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE O	F DEATH
male Black o	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH March	(0ey) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY	That I attended deceased from
6. DATE OF BIRTH (month, dey, end year)	22,1934	Hast saw h San alive on mel 9	19 3 4; deeth is sald
7. AGE Yeers Months	Deys If LESS then	to have occurred on the date steted above, at 11 4	
	/ 7 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of wera es follows:	f Importance
8. Trada, profession, or particular	7 *************************************	74 A = + 1	Oate of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Wal we Man	Succe
CAW MILL RANK ata			heit
10. Oeta deceased last workad at this occupation (month and yeer)	11. Totel time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Davids	aville	Other Contributory Causes of importanca:	Α
(Stata or country)	2 '	musery carre	102a want
I 13. NAME Earle 10	oure 1	raterian	200/2
I4. BIRTHPLACE (city or town) David (Stete or country)	some	Name of operation	
~ " "	9	What test confirmed diagnosis?	
15. MAIDEN NAME Clique	vans	23. If death was due to extarnel causes (VIOLENCE) fill in	
16. BIRTHPLACE (city or town)	ud.	Accident, suicide, or homicide?	of injury, 19
17. INFORMANT Earle /	Bowie	Where did Injury occur? (Specify city or tow Specify whether injury occurred in INOUSTRY, in HOME,	n, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	,	Manner of Injury	
Plece Davidsonreles	te mar /2 , 1934	Nature of Injury	
19. UNDERTAKER Jas. J. Co. (Address) Edgewa	ter mil.	24. Wes disease or Injury In any wey related to occupation If so, specify	pf deceased?
20. FILEO March 7.934 Co.	arry Just	(Signad) / Fund	The read M.O.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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Example I		Example II	
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Chronic interstitial nephritis - C - L V - L	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR G 1939			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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statement

CIANS

of certifica 2 FIII. NAME PERSONAL AND STATISTICAL PARTICULARS 2 SEX 4 COLOR OR RACELS SINGLE. MARRIED, Mart OR DIVORCED (Write the word) S DATE OF BIRTH that **Btructions** (Month) (Day) (Year) 7 AGE If LESS than day hra. 10 yre 5 mos 2 2 de or min. ? 8 OCCUPATION (a) Trade, profession or falls piair (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF FATRER 11 BIRTHPLACE OF FATHER REN ATIO (State or country) 12 MAIDEN NAME. o OF MOTHER d state C 13 BIRTHPLACE OF MOTHER (State or country) of Of KNOWLEDGE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and

number.)

DATE OF BURIAL

No.

V. 8

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Dav) CERTIFY. That I attended the deceased from and that death occurred on the date stated above. The CAUSE OF DEATH & was as follows: (Durstion) Contributory Secondary *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury: and (2) whether Accidental, Suicidal or Bomicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State. of death yrs. mos. ... da.yrs..... mos. Where was disease contracted, if not at place of death? Former or usual residence

OF EURIAL OR REMOVAL

Requesting

20 UNDERTAKEN

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,.



REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer;" "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement. (a) Poreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on J18.). For persons who have no occupation -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"): fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-Stadement of Cause of Douth-Name, first, the pis-

> lead of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetunus) may be stated under the Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "PUERPERAL seplicaemia." "PUERPERAL peritonitis," ture of the injury, as fracture of skull, and consetrain-accident: Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Annemia" (merely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." vulsious." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms);(unme origin; "Cuncer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Heart Example: Measles (discase failure." "Haemor-"Соша," Measles; "Соп-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled. If this certificate is looked over thoroughly and all ques-

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	ery	Z	ent
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	T	Y.	M
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9	MA	Y Y	lass
BIL	ER	EX	2
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<u>S</u>	S	tate	rop
MARGIN RESERVED FOR BINDING	BWRITE TAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be ratefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	HI	be	· be
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TION is very important. See instructions on back of certificate.

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH	97
1. PLACE OF DEATH	(56-0)	
Counted a Chiff	Registration Dist. No. 22	
Village or City Jessufo	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in alty paytown where heath occurred yrsmos		er)
2. FULL NAME Masie Carroll		
(a) Residence: No. (Issues W	Ust. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED ("write the word)	21. DATE OF DEATH 3 / 14	V
J'. Cot single	(Month) (Day)	(Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY. Thetyl ettended decea	ased from
31	3/1 ,19 ³ /, to 3/14	19
6. DATE OF BIRTH (month, day, and year)	1 lest saw h alive on 3/17 19.3 4 dea	ath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the data stated above, at	
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of paset.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	alul Indreamle.	77/34
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Data deceased lest worked at this occupetion (month and spent in this		
year) occupation	Other Contributory Causes of Importance:	par.
12. BIRTHPLACE (city of lowp)	acute Septer occanter	
(State or country)		~~~~~
13. NAME JOHN CONTROL 14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) (State or comptre)	Neme of operation Dete of	*****
	What tast confirmed diagnosis? Was there an autops	y?
<u> </u>	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (State og country)	Accident, suicide, or homicida? Data of injury, Where did injury occur?	19
17. INFORMANT MAD Chew	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) / Lessurs	Spony mount many occurred in thousand, in mount, of in robbit Flace.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place	Natura of injury	
19. UNDERTAKER ON TOUR TRAISERS	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) / Laurel / Ad	If so, specify	
20, FILED Mar 14, 19 84 Ldara My Loaslup	(Signed) 2003 features	M. D.
dieal Registrar.	(Address) & autua	

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	CDACE	TOD	PHIDTHED	STATEMENTS	DV	DHVCICIA	NE
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIA	NLI

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	4	6	J	C

1. PLACE OF DEATH	92-0	
County ane andel	Registration Dist. No. 23	
Village or City Brooklyn	No. St War	d
(III Length of residence In city or town where death occurred yes	death occurred in a hospital or institution, give its NAME instead of street and number)	
De la	ds. How long in U.S. if of foreign birth?yrsmosds	s.
2. FULL NAME Mr. John Cervenka		
(a) Residence: No. (Usual place of abode)	St., Ward.	-
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
male alluto OR DIVORCED (write the word)	march 8 193 4	
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)	
(or) WIFE of agrees berverle a	22. 1 HEREBY CERTIFY, Thetal attended deceased from	n
11 1 1043	1934 y march 8, 1934	-
6. DATE OF BIRTH (month, dey, and year) Feb. 7, 1876 7. AGE Years Months Days If LESS then	l lest sew h elive on March 1934; deeth is said	d
6 1 1 day,hrs.	to have occurred on the date stated above, et / 2 . R . M . m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence	
lormin.	were as follows:	ī
kind of work done, as SPINNER Lander Loaler		
9. Industry or business in which work was done as SILK MILL	Droncho proumon 2-21.	. 4
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this securation (work) and the state of the security of the security of the securation (work) and the security of the securation (work) and the security of the secur		. /
spent in this		
Occupenon.	Other Contributory Couses of Importence:	
12. BIRTHPLACE (city or town)	nf a july	
	Chrone Myscarditio with withen	4
E TABLE TO THE TAB	antre Indufferency	7.
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation	-
15. MAIDEN NAME (h ox know	What test confirmed diagnosis? Claus Was there an autopsy? hu	-
16. BIRTHPLACE (city or town) eventua	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
(State or country)	Accident, suicide, or homicide?	-
17. INFORMANT Legnes Corvents 9	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) J4703 Stath an		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Old Of Yell Dete Moj 10, 1934	Neture of injury	
19. UNDERTAKER haulk brach Non	24. Was disease or injury in my wey releted to occupation of deceased?	
(Address) 1906 and and u	If so, specify	
20. FILED Mar. P. 1934 da M. Willen	(Sign of) fautence of Sta. M.D.	. /
Registrar.	(Address) 1009 anna polis Bli	1.
, more viana, are necueu, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

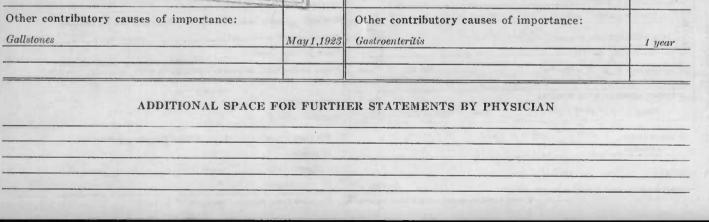
- 8.—The trade, profession, or particular kind of work donc.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii ii	Example II	
The principal cause of death and related cof importance were as follows:	200 100	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Processor			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

TION is very important.

-WRITE

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STATE	OF	MARYL	AND-	CERTI	FICAT	E OF	DEAT	H

1. PLACE OF DEATH	OF MAK	TLAND—		299	
Village or City Crowns Length of residence in city or town whe	ville St		Registration Dist. No. 18 No. St., I death occurred in a hospital or institution, give its NAME instead of street and uses the control of th	Ward	
	ie Chane			ds.	
	timore C	ity	St., Ward. If nonresident give city or town and S	State	
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX female 4. COLOR OR RACE DISCK	OR DIVORCE	RIED. WIDOWED. D (write tha word) ried	21. DATE OF DEATH March 10th (Month) (Oay)	193_4(Year)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	w	nkn.	22. I HEREBY CERTIFY. Thet I attanded of May 3nd, - 1930 to March 10	aceasad from	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	1863	If LESS than 1 dey,hrs.	to have occurred on the date steted abova, at 2: 30 Am. M.	; death is said	
71? Un	known	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Acute cardiac dilitation	Oate of enset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at	Dome st.	ine (yeers)			
this occupation (month and year) 12. BIRTHPLACE (city or town) George (Steta or country)	000	ntin this — — upation	Other Contributory Couses of importance: Mitral insufficiency		
₩ 13. NAME Willie Re	ed				
13. NAME Willie Re 14. BIRTHPLACE (city or town) (Stete or country)	tugal		Neme of operation	itoney?	
置 15. MAIDEN NAME Elize	Epps	I FAM FINE	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Elize 16. BIRTHPLACE (city or town) (State or country)	2 2		Accidant, suicida, or homicide? Oate of Injury, 19		
17. INFORMANT Hospital (Addrass) Crowns V		ryland			
18. BURIAK, CREMATION, OR REMOVAL) Oate 8/1	F 184	Manner of injury		
19. UNDERTAKER P. W. (Addrass)	uler od.	Surpe	24. Was disease or Injury in any way related to occupation of dacorded?		
20. FILEO 3/14/ 3/19	7. 3007	Registrar.	(Signad Crownsville, Marylan	M. D.	
If m	ore blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

	Example I	t:	Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A STATE OF THE SECOND	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU VES	July 5,1927	Peritonitis	3 days ago
	L			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year -
				<u> </u>

ADDITIONAL S	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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MANGIN RESERVED FOR BINDING	THIS IS A PERMANEN	ild be stated EXACTI	ay be properly classified.	ck of certificate.
MANGIN RESER	UNFADING INK-	supplied. AGE shou	n terms, so that it ma	ee instructions on ba
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN'	mation should be carefully	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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-{	J	6	3	Ą	ĵ	1	J

1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No. 21
	No. 307 Burnside Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME CHRISTIAN F. CHRISTENSE	И
(a) Residence: Np. 207 Burnsiae Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH 30 ,193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced Dorothy Christensen (or) WIFE of	22. FIHEREBY CERTIFY, That I attended daceased from Feb. 19, 1934, to Mar 30, 1934
6. DATE OF BIRTH (month, day, and year) Sept. 5, 1875 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h and alive on to have occurred on the date stated above, at 4. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, Carpenter SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, NAVAL ACAGEMY 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) (State or country) Denmark	Dthar Contributory Causes of Importance:
13. NAME John Christensen	
13. NAME John Christensen 14. BIRTHPLACE (city or town) (State or country) Denmark	Name of operation to particularly Data of 3/1/34 What test confirmed dignosis? Beepland Was there an autopsy? 20
15. MAIDEN NAME Annie Johnson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Dorthy Christensen	23. If daath was dua to extarnal cause (VIDL ENCE) fill in also tha following: Accident, suicide, or homicide?
(Address) Eastport, Ma. 18. BURIAL, CREMATION, DR REMOVAL PlacaCedar Bluff Cemtona Lapril 1, 19 34	Manner of injury
19. UNDERTAKER JOHN M. Taylor, (Addrass) annapolis, M.J. 20. FILED Y. 1934 J. M. Registrar.	24. Was disaasa or injury In any way ralatad to occupation of dacaased? 110 If so, specify (Signed) J. Willia Marline (Address) Assachables, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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TION is very important. See instructions on back of certificate.

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	12	-	13	10
V	Par.	U		1

1. PLACE OF DEATH		(KI)	7 /
County A - C -		Registration D	Dist. No.
Village or City Amafrolio &		No. OMETGENCY TOSTS death occurred in a horpitation institution, give its NAME	instead of street and number)
Length of residence in city or town where death occurred	yrsmos	How long in U.S. if of foreign birth?	yrsds
2. FULL NAME Lames W Col	bert		ORATE LIMITE BY
(a) Residence: No. 133 South		St. Ward. / WITHIN CORP	
(Usual place	of abode)	0	rive city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	you Colbert	22. I HEREBY CERTIFY	
6. DATE OF BIRTH (month, day, and year) Qun. 9,	1912	l lest saw h alive on	, 19; death is sai
7. AGE Years Months Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATI1 and related cause were as follows:	s of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, School I SAWYER, BDOKKEEPER, etc.	leacher-	0.400/1	Date of onset
work was done, as SILK MILL, SAW MILL BANK etc.		intorest te	news
- I was observed (month and /y / 7/1 sp.	time (yeers) ent in this cupation	self iffliet	4
12. BIRTHPLACE (city or town) Omnafrolis (State or country)	and - Co-	Dther Contributory Canada of importance:	P
13. NAME James W Colb	ert	V Vaccous legs	
13. NAME James W College 14. BIRTHPLACE (city or town) a a Co.	md	Name of operation	71
15. MAIDEN NAME Sarah Col	bert	23. If death was due to external causes (VIOL ENCE) fill	in also the following:
15. MAIDEN NAME Sarah Col 16. BIRTHPLACE (city or town) annofrolis (State or country) and co	Md·	Accident, suicide, or homicide?	porter sus
17. INFORMANT Mrs Hallie Cort (Address) 133 South 51	bot	(Specify city of Specify whether injury occurred in INDUSTRY, in 101	own, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Brawnfull Cemb Date O	15-,1934	Manner of injury	
19. UNDERTAKER & H. B. Parker (Address) 47 Washington Si-		24. Was disease or injury in any way related to occupa	Hon of deceased?
20. FILED 3 15 , 19 54 MMSS	Alexistrar.	(Signed) flatten (Address) celley	Erisies IM
If more blanks are needed,	address State Registrar,	2411 N. Charles Street, Balimore, Remaining U.S. No.	sopre ne

V. S. No. 1

-WRITE

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREALY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		7	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	73)
	Registration Dist. No. 21
yn where death goourred yrs. mgs.	No. Osuligence For No. St., Ward death occurred in a horystal or instruction, give its NAME instead of street and number) ds. Howylong in U.S. it of foreign birth? yrs. mos. ds.
in Jarvis Ci	as. How rong in U.S. it of foreign birth? yrs. mos. ds.
(Usuai place of abode)	St., Ward. WITHIA CORPORATE LIMITS OF
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Jan June - 3ª 1930 Jordy Days If LESS than I day,	22. I HEREBY CERTIFY. That I attended deceased from August 15, 1933, to March 17, 1934. I last saw h. W. alive on March 17, 1934, death is said to have occurred on the date stated above, at 8.50 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows: Outcon of Pedicle of Date of onset Spilers.
11. Total time (years) spent in this occupation Forder Cours, June Clause L.	Other Contributory Causes of importance: Deginse Paralylic alous
Jogen St Clair	Name of operation
Why Date Mar 19, 1934 Def Say lu	Manner of injury Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify
Registrar. If more blanks are needed, address State Registrar, 2	(Signed) M. D. (Address) M. S. Pavol Acadimy, 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

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Example I	!!	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octircd 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, - (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: A ccidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-WRITE

V. S. No. 1

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH)2304
1. PLACE OF DEATH		(2 a)	19:34
County Clinica a	rundel	Registration Dist. No. 27	
Village or City Crowns	irlle State Host	3. No. Water brury Wed st.	Ward
Length of residence In city or town who	7/	If death occurred in a hospital or institution, size its NAME instead of street and one of the street and of street and of the street and	
2. FULL NAME HOS >	~ (0		
(a) Residence: No. 3206	This Lied - Rod-	. St. Ward. Baltimore We	1.
	(Genal place of abode)	If nonresident give city or town a	
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Was 24	193 4
5a. If married, widowad, or divorced	Single	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, That I attended	
	1801	Dec. 19 ,1933, 10 Mar 2	/ /
6. DATE OF BIRTH (month, day, and year)	1072	I last saw h. Luc. alive on 2Man 24 , 193	death is sald
7. AGE Years Months	2 1 day,hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	ormin.	were as follows:	Oate ologset
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labour	the state of the s	2 /11
9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
O 10. Date deceased last worked at	11. Total tima (yaars)		
this occupation (month and yaar)	spent in this occupation		
12. BIRTHPLACE (city or town)	<u> </u>	Other Coutributory Causes of Importance:	Durate
(State or country)		- 6 Belepsy	Mukus
13. NAME Janus Cus 14. BIRTHBLACE (city or town)	mingham_		
	ct.	Name of operation Data of	
(State of country)		What test confirmed diagnosis? Was there a	n au'opsy?
15. MAIOEN NAME OCGULAR 16. BIRTHPLACE (city or town)	2 Rurden	23. It death was due to external causes (VIOLENCE) fill in also the follow	
(State or country)		Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
760. 7 R	cond -	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
(Address)			
18. BURIAL, CHEMATION OR REMOVAL	Pen 3/29/21/	Manner of injury	++
Place/// Carrony	Date 3/2/3/194	Nature of injury	
19. UNDERTAKER TO THE	William	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 3-13-111	- coury of	Il so, specif	الم
20. FILED 2 , 1935	Registrar.	(Signed) (Andress)	M. D.
	Acgistrar.	(Vidios)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	12170
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1PLACE OF DEATH	CTATE OF MADVI AND
0 0 0 1	STATE OF MARYLAND CERTIFICATE OF DEATH
County WITHIN CORPORAT	
Village or City Austholia (No. 22	Registration Dist. No
2 FULL NAME Baby Dorse	Steller a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 2 , 1923 4 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 2 1934	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	The state of the s
8 OCCUPATION	I fel from a low I
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry	to Man Donlin medici
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration Type 4 mes de
10 NAME OF FATHER STAND STANDARD	(Signed)
OF FATRER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hounes Dowle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) The Busicos William VIAIS	Former or usual residence.
(Address) amay Plan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 2 , 19 34
Filed 3 2 192 3 4 Marsh	20 UNDERTAKER 1 ADDRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baltof, Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Locomotive (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the pis-EART CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH Count Small accounted	STATE OF MARYLAND CERTIFICATE OF DEATH
	County County	Registration Dist. No. 2/
Caro	Village or City bradeira (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מכא סו	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ZWARCH / # 1994 (Year)
2 110 0110	6 DATE OF BIRTH Feb. 6. 1864, 1 (Month) (Day) (Year)	that I last saw he salive on F.S. 2011 150 150 150 150 150 150 150 150 150
ist dette	7 AGE 10 yrsmosavds. ormin.?	and that death occurred on the date stated above, at 65%. The CAUSE OF DEATH * was as follows:
900	(a) Trade, profession or particular kind of work	James
or taint.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Trs. Tmos. ds.
ry min	9 BIRTHPLACE (State or country) Jewy Clay Del.	Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
2 4 6	FATHER Juhl Car Hoyle	(Signed). Address) Taroleva M.D.
	OF FATHER Z (State or country) Cugland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether - Accidental, Suicidal or Homicidal.
	of MOTHER Cluberous.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Glaud.	At place of death yes mos ds. In the State 5 yes mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
	(Informant) 145. Willesville mal.	19 PLAGE OF BURIAL OR REMOVAL BATE OF BURIAL 3-574 19 3
	Filed 3-1 184 Z. G. Registras	John M. Weber. Bault Clist
1	If more banks are needed, addre a tate Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Doy laborer, Form laborer, Loborer—Cool mine, etc. Women at home, who are engaged in the duties of the work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Former or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Distant CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid ," "Coma," "Convulsions, valvular heart disease; etc. The eoutributory affection need not be Nomenclature of the

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	infor-
(11)	Jo
00	item

of OCCUPA-

PHYSICIANS should state Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

IARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be N. B.-WRITE

1. PLACE OF DE		٥٦		23 5	1
County Anne Arundel				Registration Dist. No.	
Village or City	Crownsvil	le Stat	e Hospita	61 No	Ward
Length of residence i	n city or town where o	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME	Acron	English	<u>1</u>		
(a) Residence: No	. Baltin		ty, Md.	St., Ward.	
		(Usual place		If nonresident give city or town an	d State
	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male 4. Co	Black	S. SINGLE, MAI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 15 (Month) (Day)	, 193 4 (Yeer)
5a. If married, widowed, or HUSBAND of	divorced			M 1115050V 050715V 7111	
(or) WIFE of	unknown			Jan. 27, 1932 19 to Mar. 15	d deceased from
6. DATE OF BIRTH (month	day and wash	1904	THE SERVICE	I last saw h. im. alive on Mar. 15 19.3	
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, et . 7:458m.	± , death 15 said
30	unkn		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, profession, o	r particular		ormin,	were as follows: Pulmonary Tuberculosis	Date of onset
kind of work do SAWYER, BOOK	ne, as SPINNER.	Labore	r	2 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
kind of work de SAWYER, BOOK 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this conventional this conventional samples of the s	s in which				
O 10. Dato deceased last	worked at	11. Total	time (years)		
this occupation (month and	oc:	ent In this upation		
12. BIRTHPLACE (city or to	south	Caroli	na	Other Contributory Causes of importance:	
(State or country)	""/			Potts Disease	9
13. NAME	Willi:	am Engl	ish		
13. NAME 14. BIRTHPLACE (city of the control of the city of the control of the city of th	r town) SO1	uth Car	olina	Name of operation Date of	
(State or countr				What test confirmed diagnosis? Was there an	au'opsy? Ye
15. MAIDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city of count)	rtown Sou	th Caro	lina	Accident, suicide, or homicide? Date of injury	
≤ (State or count				Where did injury occur?	
17. INFORMANT HO	enited Re	abroad		(Specify city or town, county and Str Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE
(Address)	spital Re	e. Nary	land		
18. BURIAL, CREMATION	R REMOVAL	5 3	1- 51	Manner of injury	
/ Place Duck	melas	/_ Date/	1 79	Nature of injury	
10 HADEDTAKED	fr. P. a) rules	ode Sell	24. Was disease or injury in my way related to occupation of deceased?	
19. UNDERTAKER(Address)		4 (7	If so, specify	0
as Eurol Made 1	4.03/	54	24ce	(Signed - Signed - Si	60 71. D
20. FILED/LOUIS	19.24	10	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TORRAG V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	-CERTIFICATE OF DEATH 02308
1. PLACE OF DEATH	- LAG //
County Q Q	Registration Dist. No.
Village or City and apole on	No. 55 Spa Road St., Ward
Length of residenca in city or town where daeth occurred / 3 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME margaret too	LE WITHIN CORPORATE LIMITS OF
(a) Residence: No.55 Sha Pook	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (swrite the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Toole	22. I HEREBY CERTIFY, Thet I ettended decessed from March 12 1934 Name 15 1934
DATE OF BIRTH (month, day, and yeer) Ook 5-187	3 last saw her alive on march 15 19 5 %; deeth is said
7. AGE Years Months Days- If LESS the	to heve occurred on the data stated above, et 11.30 pm.
1 60 5 10 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:
8. Trede, profession, or perticuler kind of work done as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Peutonilis 3-12.
work wes done, as SILK MILL,	
10. Dete decesed last worked at Jacan / 2 11. Total time (yeers) spent in this	0
yeer) occupation	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) CC CC 765 (State or country)	- Fastro Enterità 3-12.3
	_ Jastro Intente 3-12.3
	Name of operation Name Oate of
(Stata or country)	Whet tast confirmed diagnosis? Was there an europsy?
15. MAIOEN NAME Cattern Cohour	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Oate of injury, 19
(State or country) many limb	Where did Injury occur? (Specify city or fown, county and State)
17. INFORMANT William Hoola Chadress) 55 April 18 and Sola	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beese Hill bate May 18, 195	Nature of Injury
19. UNDERTAKER 19. 17. 18. 19. UNDERTAKER	24. Was disaasa or Injury In any wey raleted to occupetion of deceased? 40
(Address) Amagenta may	. If so, specify Bosil
20. FILED 3 18 , 19 94 January	(Signed) Conge C. M. D. M. D. M. D.

Date of onset 3-12-34

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	7-4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1986			

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

12. BIRTHPLACE (city or town) FATHER (State or country) MOTHER 16. BIRTHPLACE (city or town) (State or country

(Address) 18. BURIAL, CREMATION, OR REMOVAL Date____

19. UNDERTAKER (Address) Where did injury occur?...

23. If death was due to external causes (VIOLENCE) fill in also the following:

What test confirmed diagnosis?____ Was there an au'opsy?__

Accident, suicide, or homicide?_____ Date of Injury______ 19_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Menner of injury

Nature of injury_

24. Was disease or injury in eny way related to occupation of deceased?_____

If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	• 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-4)
County	Registration Dist. No. 22
Village or City Sevon	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
o i m to lak	how long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Connel /// Tosel	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DOVOROD (write the word) 3. 1t. married, widowed, or divorced	21. DATE OF DEATH Marchael 9 (Day) (Year)
(or) WIFE of UM X Fosler	22. I HEREBY CERTIFY. That I attended deceased from There 9. 193 4, to hereby 9. 195 4.
6. DATE OF BIRTH (month, day, and year)	I last saw her alme on ma 9- 1984; death is said
7. AGE Years Months Days It LESS than I day,	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Myrcardial Date of conset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Jackine Jack Dock
10. Date deceased lest worked at this occupation (month and year)	(Janen ma affinal)
12. BIRTHPLACE (city or town) Jalumby My (State or country)	Other Contributory Causes of Importance:
II 13. NAME UNANOUS	houles to Disney Comme
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
IS. MAIDEN NAME MANAGED	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Date of Injury 19
≥ (State or country)	Where did injury occurs
17. INFORMANT (Address)	(Specify city or town, county and State) Specity whether Injury goodfred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMOTION, OR BOMOVAL Plan TELLISMAN Date March 12 3	Manner of injury
19. UNDERTAKER USM OF A	Nature of Injury - 24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify And I have the
20. FILED Man 10, 1934 Jones Coffin Forced Registrar.	(Signed) (Address) All hotos to the
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, rook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fin out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	J	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS B	Y PHYSICIAN
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stated EXACTLY, PHYSI-properly classified. Exact of certificate.

BINDING

FOR

TH UNFADING INK--THIS MARGIN RESERVED

County & A	CERTIFICATE OF DEATH
Village or City Frooklyn for kno. 10 2FULL NAME Joelus Gallio	Registration Dist. No. 25 1-776 ONE St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH About 192 4 , 192 4
7 AGE OCCUPATION (Stonia) (Day) (Fear) (Fear) (Fear) (Au) (Fear) (Au) (Fear) (Au) (Fear) (Au) (Fear) (Au) (Fear) (Fear	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) / 0 / - 7 / 0 v 2 10 NAME OF FATHER WW Sollar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death?
(Informant Marie Fallow (Address) 101-74 ada	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Joshy Roll Joseph 19 19 19 19 19 19 19 19 19 19 19 19 19
15 Filed March 25 193 & Ida M. Ithelan	20 UNDERTAKER ADDRESS



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Laborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. (secondary or intercurrent) affection need inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; 99 Committee on Nomenclature of the "Heart failure," "Haemorrhage," Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02312
1. PLACE OF DEATH	10x
county are arreadel	Registration Dist. No.
Village or City Benfield hea	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) Lds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Bastha Mas The	a-dhea:
(a) Residence: No. Phalleswelle	2 St. O Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH 13 - 193 44 (Month) (Day) (Year)
5a. If married, widowed, or diverged HUSBAND of Cor) WIFE of Basil Fand ne	22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to March 13 1934
6. DATE OF BIRTH (month, day, and year) May 2 - 1898.	t last saw h. Le alive on March 13, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 SER. DA .
35 / O // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	for Paris
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	X o ray men monea (styr) many 3-3
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Benfield	Other Contributory Causes of importance:
(State or country)	
13. NAME Was Herry Strickcont	
13. NAME WM Herry Stundscard 14. BIRTHPLACE (city or town) Benfulla	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saa Reference Male	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Selection (State or country)	Accident, suicide, or namicide?
17. INFORMANT Robert Street Atmehan	Where did injury occur? (Specify city of town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL,	Manner of injury
Place Freendship com Date Mar 17, 1934.	Nature of injury
19. UNDERTAKER John & Denny	24. Was disease or injury in any way related to occupation of deceased?
(Address) 715 Light SP	If so, specify
20. FILED 116 , 1934 WENCUba DEP Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar:	DATE N. Charles Street Baltimore Propositing 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	(iastroenteritis	1 year	
70	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	13
1. PLACE OF DEATH ————————————————————————————————————	1 ()
County Anne Arundel Registration Dist. No. 21	
Village or City Annapolis No. 4 Church Circle St., (If death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME MARY BROOKE IGLEHART GASSAWAY (a) Residence: No. 4 Church Circle St., Ward.	
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
formula white OR DIVORCED (write the word) Mar ch 1 193	4
5a. If married, widowad, or divorced	ear)
HUSBAND of (or) WIFE of L. DOPERY GASSAWAY 22. I HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, and year) NOV 14. 1864 I last saw h	
6. DATE OF BIRTH (month, day, and yaar) Nov. 14, 1864 I last saw h	ts said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	fonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Myserialis 62	us
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and spent in this	
year) occupation year	
12. BIRTHPLACE (city or town) Staunton, Other Contributory Causes of importance:	1.0
(State or country) Virginia.	4.1.
13. NAME Wm. T. Izlehart, 14. BIRTHPLACE (city or town) Annapolis Name of operation Data of 33	,
14. BIRTHPLACE (city or town) Annapolis, Name of operation. Data of 33	34
(State of country) What test confirmed diagnosis? Was there an autopsy	212
15. MAIDEN NAME Rate Spottswood Berkeley 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maiden Name Rate Spottswood Berkeley 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury Date o	
(Specify city or town, county and State)	
17. INFORMANT Mr. L. Dorsey Gassaway, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Annapolis, M.L.	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Placa St. Annes Cemt. Date Laren 3 1934 Nature of injury	
19. UNDERTAKER John L. Taylor 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Annapolis, Ma. If so, specify	
20. FILED 3 2, 19 34 XXX MARK (Signed) (Signed)	_M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nort.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

Exact statement of OGCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PEAINLY, WITH

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U2,314
County Anne arundel	Pagistration Dist. No. 21
Village or City Crownsville State Hospi	Registration Dist. No.
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	How long In U.S. if of foreign birth?ds.
2. FULL NAME Abraham Graham	P
(a) Residence: No. Fruitland, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Dlack OR DIVORCED (write the word)	March 22 , 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from March 13, 19.34, to March 28, 19.34
6. DATE OF BIRTH (month, day, and year) 1852	I last saw h_im_ alive on NGC C 22 ,19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
82 unknown laday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Senility Que of onset Un one.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this — — occupation	
12, BIRTHPLACE (city or town) Unknown	Other Contributory Causes of Importance: Arteriosclerosis Unknown
(State or country)	Exhaustion
13. NAME Unknov n	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME OTTATIONIT	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17.INFORMANT Hospital Records (Address) Crownsville, Maryband	Specify whether injury occurred in INDÜSTRY, in HOME, or in PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	Nature of injury
19. UNDERTAKER D. BThillmulerode Capt	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, pecify Amely
20. FILED 24.19 27 A Registrar,	(Signed) M.D. (Address) CTOWNSVIlle, Waryland
// Registrat.	The second and the second and the second the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	three states	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OURESC V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Α.		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA.

Every item of infor-

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
PLACE OF	DEATH		(108		

	F MARY	LAND-	CERTIFICATE OF DEATH	02315
1. PLACE OF DEATH	7 0 0000000000		108	1
County Anne Arunde	L County	TT.	Registration Dist. No	<i>/</i>
Village or City Crownsvi	lle Stat	e Hospi	t a LNo. S	t.,Ward
Length of residence In city or town where d	eath occurred	yrs3_mos	Registration Dist. NoS f death accurred in a horpital or institution, give its NAME instead of stree ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Spr	insfield	Hardy		
			y Stery Ward	
(4) 1100.001100.1100.	(Usual place of	abode)	y, SLEYL Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEA	ТН
male 4. COLOR OR RACE black	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH March 18th (Month) (Dey)	, 193 <u>4</u> (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That latter Nov. 27th 1928, to March 1	
6. DATE OF BIRTH (month, day, and year)	1910		Hast saw him elive on March 18th ,19	34, death is said
7. AGE Yeers Months 24 Un	Days MOWN	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 11:10Ph. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
S. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labore	J.	Lober pneumonia	Bats of oneset
10. Date deceesed last worked at this occupation (month and year)	11. Total timespent	e (years) in this ition	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 1.59 (State or country)	ryland		a a a a a a	
E 13. NAME Dannis Hard	У			
13. NAME Dannis Hard	ryland		Name of operation Dat What test confirmed diagnosis? Was the	
15. MAIOEN NAME Estelle	(Unkn ow	n) dead	23. If death was due to external causes (VIOLENCE) fill in also the fol	
15. MAIOEN NAME ESTELLE 16. BIRTHPLACE (city or town) MET (State or country)	/land		Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Hospital Rec (Address) Crownsville		a n d	(Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd Stale) .IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 3/50/	134,19	Manner of Injury	
19. UNDERTAKER CLEOY OF MANAGEMENT (Address) 000 / Brankle	Isow.	Balleni	24. Was disease or injury in any way related to occupation of decease if so, specify	mel
20. FILED 7 19 19 19	-1.70°	Registrar.	(Andress) Grownsville	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LLL KOS R 1884	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	LEDDENII V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Date of onset

Lattended deceased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. E. V. E. U.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
and Interest V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
,				

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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	COR. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	\
MARGIN RESERVED FOR BINDING	-WRITE LINLY, WILL UNFADING INK-THIS IS A PERMANENT OR Every item of infor-	mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
0.1	1	E	C	H

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	02317
County Anne Arundel	Registration Dist. No.	2,21
Village or City Jessup, Maryland.	No. St.,	Ward
Langth of rasidence in city or town whare daath occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and osds. How long in U.S. If of foreign birth?yrsm	number)
2. FULL NAME Henry Harvey (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 4 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended January-19- 19 34, to March-22-	
6. DATE OF BIRTH (month, day, and year) 7-/0-88 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1.55 mA.M.	., death is said
45. 5 12/ Iday,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Lobar Pneumonia	3/6/34
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassed last worked at this occupation (month and	Cerebral Hemorrhage	3/22/34
10. Date decaased last worked at this occupation (month and Cuckers speat in this year) 12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:	
(State ar country) Steprles 6 Mil.	Paresis	?
14. BIRTHPLACE (city or town) ceekeroever.	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	473. If daath was due to axternal causes (VIOL ENCE) fill in also tha following Accident, suicide, or homicide? Date of injury Whare did injury occur? (Specify city or town, county and Stat Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 ite)
18. BURIAL, CREMATION, OR REMOVAL Place Cherry COLL Data May 24, 1934	Manner of injury	
19. UNDERTAKER OF T Marshall: (Address) Rosuld Mellona W. Hasluh Registrar.	24. Was disease or Injury In any way related to occupation of decaasad? If so, specify (Signed) (Address) Jessup, Maryand.	NQ m. d.

(Address) Jessup, Maryland.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
other contributory causes of importance.		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

USE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state Exact statement of OCCUPA-

1.	-WI	mati
S. No.	B.	1
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	5	2	1	8
U	4	U	1	0

1. PLACE OF DEATH		107-0	
County		Registration Dist.	No. 27
Village or City / 3ess -	sare -	No. If death occurred in a hospital or institution, give its NAME inst	St., War
Length of residance in city or town where de	ath occurredyrsmo	sds. How long in U.S. if of foraign birth?	yrsmos
2. FULL NAME Of the	t Hasi	ey-	ā
(a) Residence: No.	s Sate	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL CERTIFICATE OF	city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	6
male Colored	OR DIVORCED (write the word)	Month)	193 8
5a. If married, widowed, or-divorced HUSBAND of			(Day) (Year)
(or) WIFE of The sence	Hastey	122. The HEBEBY CERTIFY.	hat I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	lue V	Hast saw hung elive on Wearle 2	19.3 4 death is sa
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 2.30	m.
46	l day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of i	and the same of th
8. Trade, profession, or particular kind of work done, as SPINNER,	7-1	A	Data of one
SAWYER, BOOKKEEPER, etc	avoice	Cherle preminer	e Al.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at		J	25-
10. Date deceesad last worked at this occupation (month and	11. Total time (years) spant in this		/779
year)	occupation	Othar Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	Amer -	4	
(State or country)	7	- WITC	
I	Nancy -		
14. BIRTHPLACE (city or town)	2	Name of operation	Date of
15. MAIDEN NAME Gray	E Summer.		. Was thara an autopsy?
16. BIRTHPLACE (city or town)	1 4	23. If daath was due to axternal causes (VIOLENCE) fill in a Accident, suicide, or homicide?	
(State or country)	04-	Where did injury occur?	
17. INFORMANT Thank	Has Cey	(Specify city or town, Spacify whather injury occurred in INDUSTRY, In HOME, of	r In PUBLIC PLACE.
(Address) 18. BURIAL, CKEMATION, OR REMOVAL	Hell		
Place Towesless Con	Data Mass. 5 1935	Mannar of Injury	
ANS MA		Nature of Injury	7,
19. UNDERTAKER (Addiass)	Himme	24. Was disease or injury In any way related to occupation of	of deceased?
81- 310	EXW. A	(Signed) Defeat Theele	lou M
20. FILED 1934	Regigrar.	(Address) Luce les	e d
If more b	anks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 02319
1. PLACE OF DEATH	92-0
County Comer Councidal	Registration Dist. No. 2/
Village or City 1919 Meeson	No. St. Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME (ani ptono	ton
(a) Residence: No. (Usual place of abode)	Mard.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWELL OR DIVORCED (while the work Warrier)	D. 21. DATE OF DEATH
50. If married, widowed, or divorced HUSBAND of Corr WIFE of Jourse Jourson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) The Breeze 188	1 last saw h & alive on mach 5 47934; death is said
7. AGE Years Months Days If LESS th. 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER	Uate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mandelense.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Probal Equipolation Judge
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) year) 11. Total time (years) spant In this occupation	Tadocarthita' "
12. BIRTHPLACE (city or town).	Other Contributory Canses of importance:
14. BIRTHPLACE (city or town) The Array	Central Lamursheye 5 they
4 14. BIRTHPLACE (city or town) (Lachryge)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy Co
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Jones No Liston (Address) Glen Janua MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date March 1, 19	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 7 , 1934 Marks	(Signed) (Signed) M. D.
If more blanks are needed, address State Regi-	strar, 2411 N. Charles Street, Baltimore, Requesting 71. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDIMIONAL	CDACE BOD	TATTE COLUMN	COM A PRISONAL EXPLANATION	1337	DIEVELCIAN
ADDITIONAL	SPACE FUR	FURTHER	STATEMENTS	ВХ	PHYSICIAN

ADDITIONAL SP	ACE FOR FURTHE	R STATEMENTS	BY PHYSICIAN	

B

1. PLACE OF DEATH	(31)
County anna arun	Cal Registration Dist. No.
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?
	annu Howard
(a) Residence: No. So least place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Musea 180h, 193 44 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Howeverd	22. hHEREBY CERTIFY, That I attended deceased from fun. 25,19,34, to march 19,34
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this control of the program of the second of the second of this occupation (month and spant in this control of the second of the second of this occupation (month and spant in this control of the second of	Etionia neptritor udes
12. BIRTHPLACE (city or town) Q · Q · Q · (State or country)	Other Containutory Causes of Importance: Hay
14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country)	Name of operetion Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / authors of wests 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT + Corence + Cores	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Marky Record 3-13, 190	Manner of Injury
19. UNDERTAKER 2. Z. Brown e. (Addiess) Ballimon . Mid.	If so, specify (Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		160 160 VI			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MA	ARYLAND—CERTIFICA	TE OF DEATH
-------------	-------------------	-------------

	1. PLACE O	F DEAT	H	'I WAL		- 12	321
	County		inne Ar	undel	RESIDENT.	Registration Dist. No.	1
	Village or C	city(rownsv	ille St	tate Hosp		Ward
				leath occurred	TI:	St., f death occurred in a hospital or institution, give its NAME instead of street and is. 8. ds. How long In U.S. if of foralgn birth? yrs. mm	number)
	2. FULL NA				eld Murie		osds.
1							
	(a) Residen	ice: No	101.01	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
		AL AND	STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	nale	4. COLOR			RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH March 11th (Month) (Day)	, 193 4
5a.	If married, widow HUSBAND of	ed, or divorce	ad				(Year)
	HUSBAND of (or) WIFE of					22. HEREBY CERTIFY, That I attended March 3rd 1933, to March 11th	deceased from
6.	DATE OF BIRTH (month, day, a	nd year) 1	915		I last saw h im alive on Merch 11th 1934	death is sald
-	AGE Yea		Months	Days	If LESS than	to have occurred on the data stated above, at 6: 454 m.	. , ucarn 15 5aiu
	1	9	Unkn	o wn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
N	8. Trade, profes	ssion, or parti	icular SPINNER.	Labore	77	Paraplegia due to abscess in	Date of onset
OCCUPATION	SAWYER, 9. Industry or	vork done, as BOOKKEEPE	R, atc	20016	d.	-cord	?
U.P.	WORK WAS SAW MIL	s dona, as SIL L, BANK, atc.	K MILL,		-		12/20/33
000	10. Data decease		d at	- spa	ime (years) ntin this upation		
12.	BIRTHPLACE (cit (State or coun		Maryla	nd		Other Coutributory Causes of Importance: Epilepsy	2
ER	13. NAME	M. W	infiel	d			
FATHER	14. BIRTHPLACE	(city or town) Unk	nown		Name of operation Date of	
_	(Stata or	country)				What tast confirmed diagnosis? Was thera an a	utopsy?
HEF	15. MAIDEN NA	ME Geo				23. If death was due to external causes (VIOLENCE) fill in also the following	: -
MOTHER	16. BIRTHPLACE) Unkn	own		Accident, suicide, or homicide? Date of injury	, 19
-	(State or					Where did injury occur? (Specify city or town, county and State	
17.	INFORMANT (Address)	Hospi	tal Re	cords Marvl	a nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18.	BURIAL, CREMAT	JON, OR REM	IOVAL	hi	111	Manner of injury	
	Place	1.00	100	Data///OS	V. 14 194	Nature of injury	
19.	UNDERTAKER (Address)	63 VM	Care	ing gr	ld	24. Was disease or injury in sing way related to ucoupation of deceased?	
20.	FILED 3/13	, 19	× 7	1 27	Pog G Registrar.	(Signer) (Address) Grownsville Management	5M. D.
-			70		/	the state of the s	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEATH		1 19 (40)	
	County MM	atlanin	Regi	istration Dist. No. 255
	Village or City Brown	klysgr	ND.	St.,Ward
	Length of residence in city or town where d		death occurred in a hospital or institution, give	its NAME instead of street and number) birth?mosds.
		L	Towns and the second of the se	Jith:
2.	FULL NAME INNIG	10 ussey		
	(a) Residence: No. //O/C	(Usual place of abode)	St., Ward.	onresident give city or Iown and State
	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIF	ICATE OF DEATH
3.\SE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 7/ (Year)
	married, widowed, or divorced HUSBANO of (or) WIFE of	no R	22. I HEREBY CEI	RTIFY That I attended deceased from
	TE OF BIRTH (month, day, and year)	me 4 1873	I hart saw he alive on	528 ; death is sald
7. AG	E Years Months	Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above,	- 4
	60 8	2 8 ormin.	The PRINCIPAL CAUSE OF DEATH and re were as follows:	Date of onset
NO N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	TtKano		
OCCUPATION	9. Industry or business in which	Armen for the Color Williams		
D.	work was done, as SILK MILL, SAW MILL, BANK, etc		Concer of	tomack)
12. B	O. Date deceased last worked at this occupetion (month and	11. Total time (years) spent in this		w/
12	year)	Occupation	Dther Contributory Causes of importance:	
	RTHPLACE (city or town) (State or country)	allymore		
ER I	3. NAME THE	mm		
FATHER	4. BIRTHPLACE (city or town)		Name of operation	Date of
	(State or country))	What test confirmed diagnosis?	Wes there an autopsy?
HER I	5. MAIDEN NAME	unn	23. If death was due to external causes (VIOI	LENCE) fill in also the following:
	6. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury, 19
21	(State or country)		Where did injury occur?(Spec	ify city or town, county and State)
	FDRMANT Man A (Address) // 0 / mm	applies 13.	Specify whether injury occurred in INDUST	RY, in HOME, or in PUBLIC PLACE.
18. BI	Place Oan Caremoval	*Date Mar. 5 1934	Menner of injury	
19. UI	NDERTAKER Martanik	Wiffel Jac	24. Wes disease or Injury In eny wey related	I to occupation of deceased?
20. FI	1to Mar 3, 1934 Id	a M. While. Registrar.	(Signed) (Address) 4/4 Voulke	Van A H
-			414	

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADI ż

PHYSICIANS should state Exact statement of OCCUPA-

IS A PERMANENT R stated EXACTLY. properly classified.

UNFADING INK-THIS ARGIN RESERVED

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	1927 Peritonitis		3 days ago
Other contributory causes of importance:		Other contribut	tory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	MAR 15 1201	1 year
			DRITORALL W. C	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

19. UND

20. FILE

item of infor-

ACE OF DEATH	82-04
ounty Anne Arundel	Registration Dist. No. 2
illage or City Crownsville State Hosength of residence in city or town where death occurred 2 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) 8 mos. 9 ds. How long in U.S. if of foreign birth?
ULL NAME Robert Jackson	
a) Residence: No. Man to another Court	ity, McStay LandWard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
male black 5. Single, Married, Wide or Divorced (write that wild owed	word) 21. DATE OF DEATH March 25th (Day) (Year)
rried, widowed, or divorced SBAND of) WIFE of	Reb. 19
46 ? Unkny, n 1 day,	S than to have occurred on the date stated above, at 9:30 B. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Data deceased last worked at this occupation (month and spant in this	Cerebral hemorrhage 4 hrs.
HPLACE (city or town) Pennsylvania State or country)	Other Contributory Causes of importance: Cerebral arteriosclerosis ?
NAME Unknown	
BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Was there an autopsy?
MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
BIRTHPLACE (city or town) Unknown (State or country) RMANT HOSDitel Records A	Accident, suicide, or homicide? Date of injury, 19
Address) Crownsville Heavilan AL CREMATION, OR REMOVAL Place Lac Date 3	Manner of injury Nature of injury
ERTAKER D. R. V. Winterode &c. (Addiess) D. 32/29,193× E.D. Joyu Re	24. Was disease or injury in any way related to occupation of deceased? If so, s ecify (Signed) (Address) (Address) (Address) (Address) (Address) (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUNG BUNG ST			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLA	CE OF DEA	TH			1560	324
Cou	nty a	(Rue	~~	Registration Dist. No. 2	/
Vill	age or City	Ireda	eco,		NoSt.,	Ward
					death occurred in a horpital or institution, give its NAME instead of street and n	
Leni	gth of residence in c	City or town where		yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FUL	L NAME	alph	onso	o land		
(a)	Residence: No	XIKIL	(Usual place	an an Car	St., Ward.	
PE	RSONAL AN	ND STATIST	ICAL PARTI		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	btate
3. SEX		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	uals Ke	on on nace	OR DIVORCE	D (gwrite the word)	morch 13	193 4
	ed, widowed, or div	7	Succe		(Month) (Day)	(Year)
HUSBA	AND of	orceu			22. I HEREBY CERTIFY, That I attended of	leceased from
		_			, 19, to	, 19
6. DATE OF	F BIRTH (month, da	ay, and year)	re. 14.	1933	I last saw h, alive on, 19	; death is said
7. AGE	Years	Months	Days	If LESS than I dayhrs.	to have occurred on the date stated above, atm.	
		3		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
Z 8. Tra	de, profession, or p	particular as SPINNER	Hon	2		
E	SAWYER, BOOKKE	EPER, atc			Congressal Heart	
OP 3. III	work was done, as	SILK MILL.			heral -	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and spent in this		Cordine della Xaxion				
9	this occupation (me year)	onth and	spei	nt in this upation		
12 DIDTUE	LACE (city or town	Sked	mer		Othar Contributory Causes of importance:	.311
	ite or country)	a.a. cs	unt, m	9-		
13. NA	ME Hal	ten for	free			
13. NA 14. BIR	THPLACE (city or t	a	a. C.	o. Ind	Name of operation Date of	
4	(State or country)				What test confirmed diagnosis? Was there an a	
	IDEN NAME	morg	alle		23. If death was due to external causes (VIOL ENCE) fill in also the following.	
16. BIR	THPLACE (city or t	own a.a	Co., 7.	r d	Accident, suicide, or homicida? Date of injury	
X	(State or country)				Where did injury occur?	
17. INFORM	ANT Wal	In low	moon		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
	dress) 8 %	adulor3	Ind			
18. BURIAL	CREMATION, OR	1 - 0 1	- 9	16 21-	Manner of injury	
Plac	ely oan	reck Com		1907	Nature of injury	
19. UNDERT	AKER Elle	re Par	eler		24. Was disease or injury in any way ralated to occupation of deceased?	
(Ad	dress)	less	pole	20	if so, specify	
20, FILED	315	19.3 V	Whalt	<u> </u>	(Signed) // Curry T. Klubums	M. D.
		M	דרישווו	7 Registrar.	(Address) Raying and Carton, Severes	Park-3
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

S. No.

ż

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
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V. S. No. 1

STATE OF MARTIAND CERTIFICATE OF DEAT	OF MARYLAND-CERTIFICATE OF D	EATH
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6 .	6,	9	0	P	
0	4	D	4	8)

1. PLACE OF DEATH	(02)
County Anne Arundel	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Leroy Johnson	
	O1 Wasd
(a) Residence; No. (Usual place of abode)	St., Ward. If nonzesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH March (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from February-22-1934, to March-6- 1934
6. DATE OF BIRTH (month, day, and year) 8-2-7-16.	I last saw h im aliva on larch-6- ,1904; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date staled above, at 3 a 40 R. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Calbert Rind of work done, as SPINNER, Calbert Rind of work done, as SPINNER, Calbert Rind of the C	Pulmonary Tuberculosis Feb-22
year) Control Voccupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Comapoles (State ar country) Maryland: (State ar country) Maryland: (State ar country) Maryland:	
13. NAME JOHN VI Johnston	Name of operation
(Stale or country)	What test confirmed diagnosis? Was there an aulopsy?NO
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country) 17. INFORMANT (Address)	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Whare did injury occur? (Specify city or town, county and State) Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Data Mew 9, 19.3 4	Manner of injury
19. UNDERTAKER (Addrass). 20. FILED MANS 1734 LOLQUE Morasluh. Registrar.	24. Was disease or injury in any way related to occupation of dacaased? If so, specify (Signed) (Address) Maryland M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a dipole	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

02326

1. PLACE OF DEATH	3
county assulations del	Registration Dist. No. 🗸 🛇
Village or City Marley	No. St., Ward
Length of residence in city or town where death pocurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME none stillborn	, Baly Johnson
(a) Residence: No. Wally	St Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX femals 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Ddy) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Singel	19, to
6. DATE OF BIRTH (month, day, and year) Warch 26/34	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS tha	
1 day, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked et this occupation (month and year) cocupation, cocupation,	we know the
12. BIRTHPLACE (city or town) amelurumed C (State or country) A A So A	Other Contributory Canses of Importance:
E	
14. BIRTHPLACE (city of town) (State or country)	Name of operation V Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clave Turnell Huns	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) and arms (State or country)	Accident, suicide, or homicide?
(State or equality)	Where did Injury occur?
17. INFORMANT Dettie Togans (Address) Marly Wen Surve M	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Place Turace Startcholie Wall to 19	Nature of injury
19 HODERIARE Johnsons	24. Was disease or injury In any way related to occupation of deceased?
(Address) Jahn Comme Md K.T. E	1 If so, specify Belling Bogan
20. FILED 26 G934 TA. P. Dealbo	(Signed) Illy June Williams.
If more blanks are needed, address State Revis	(Address) TAT. 2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V 82			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

V. S. No. 1.

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STATE OF MARYLAND	CERTIFICATE OF DEATH (12328
1. PLACE OF DEATH	<u> </u>
County ange arundel	Registration Dist. No. 23
Village or City Cleve Survive - M	(L) No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurradyrsmos	
2. FULL NAME / Jaly mes	Stillbow)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3)SEX 4. COLOR OR RACE OR DIVORCED (curric the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
70 1 - 1	, 19, to, 19
6. DATE OF BIRTH (month, day, and yaar) Wach 5 1934	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particuler kind of work dona, as SPINNER,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	A
Q. work was done, as SILK MILL,	A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	1
this occupation (month end spant in this occupation]A+, JV
Olan Baran	Other Contributory Charles of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Ernest Nicholson	
± 10.1100	
14. BIRTHPLACE (city or town) and all all all all all all all all all al	Nama of operation Date of
	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Gava Jones 16. BIRTHPLACE (city or town) and arrival	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT MASS C. Marker Kung (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Morel Tlace Date March 7, 13 4	Nature of Injury
Allia must.	24. Was disease or injury In any way ralated to occupation of daceesad?
19. UNDERTAKER (Addressy Of an Burgue)	If so, specify
20, FILED 3/7 1934 mosealla	(Signad) Umnie Halland M. D.
Registrat.	(Addrass) fr g- & marker
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 97 HS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired & yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neees Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as conditions, such as "Astheuia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPERAL septicucmia." "PUERPERAL peritonitis," etc. ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." "Debility" symptomatic), "Atrophy," "Collapse," "Coma," eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonatum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURE "contributory." ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	. PLACE OF				119		or	,
	County	Anne	Arundel		Registration Dist. No.			
	Village or City	Fort Ge	orge G.Meade	No.		Hospital	instead of street and	
	Length of residen	ce in city or town where o	feeth occurredyrs					
2	. FULL NAMI		l Makar					
	(a) Residence:	No. Seve	ern, Maryland. (Usual place of abode)	St.,	Ward.	If nonresident g	ive city or town an	d State
		L AND STATIST	ICAL PARTICULARS		MEDICAL	CERTIFICATE	OF DEATH	
3. S	Male 4	White	5. SINGLE, MARRIED, WIDOWEL OR DAVORCED (write the work Single		E OF DEATH	March (Month)	6 (Day)	, 193 4 (Year)
5a.	If married, widowed, HUSBAND of (or) WIFE of	or divorced		on Maj		Y CERTIFY	7. That I attended	deceased f
£ D	ATE OF DIDTU (mo	ath day and year) Del	cember 5, 1933	I last saw h		350-0-6	1934	death is said
7. A	AGE Years	Months	Days If LESS th	n to have occ	curred on the date st	ated above, at 2:30 ATH and related causes		
	0	3	1 ormin.	were as fo	llows:		s or importance	Date of pract
TION		done, as SPINNER, OKKEEPER, etc	Infant	Ente	Enterocolitis, acute 37			
OCCUPATION		iness in which one, as SILK MILL, BANK, etc	,					
Ö	10. Date deceased I this occupeti yeer)	on (month and	11. Total time (years) spent in this occupation					
12.	BIRTHPLACE (city o (State or country	rtown) Fort Geo	rge G.Meade Maryland	Other Cont	tributory Causes of In	nportance:		
ER	13. NAME And	drew John Ma	kar				**************	
FATHER	14. BIRTHPLACE (ci	ity or town) Bridg	eport	Name of or	peration NC)	Date of	
	(State of cor	antry)	COUNT	What test of	confirmed diegnosis?.	Clinical	Was there an	autopsy? No
HER		Mary Berth		23. If death	was due to external	causes (VIOLENCE) fill	in also the following	ıg:
MOTHER	16. BIRTHPLACE (ci (State or co	ty or town) Curt	is Bay Md		Accident, suicide, or homicide? Date of injury, J9			
17.	INFORMANT And (Address)	drew John Ma Fort George	kar G.Meade,Md.	Specify wh	ether injury occurred	(Specify city or to I in INDUSTRY, in HON	own, county and Sta IE, or in PUBLIC P	ate) LACE,
18.	BURIAL, CREMATION Place Ft. Ge	v, or REMOVAL Post orge G. Meade	Cemetery, Md. March 8	Manner of Nature of i				
19.	UNDERTAKER L	loyd Kaiser		24. Was dise	ease or injury in any	way related to occupat	tion of deceased?	-
20.	FILED March	10.8	Maryland • FREEMAN, Col., M. Registra	(Signe	H.C.I	BRADFORD Ma rt George G	jor, Medic	

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

Case reported to the Bureau Sched, address State Regiggs, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAUEVA B				
	_			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02331

1	. PLACE OF DEATH		(92)	
	County	X c	Registration Dist. No. 21	
	Village or City All Control	death occurred yrs mos	No. St., St., of death occurred in a hospital or institution, give its NAME instead of street and no	Ward
2	P. FULL NAME	death occurred yrs. mos	mos how long in U.S. if of foreign birth?yrsmos	sds
1	(a) Residence: No. Wall	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
1	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	hale colorer	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH hor, 29	193
5a.	If married, widowed, or divorced HUSBAND of Cor) WIFE of Market	machely	22. Och HEREBY CERTIES, That i altended d	eceased from
6. D	DATE OF BIRTH (month, day, and year) AGE 79 Years Months	Days 1f LESS than 1 day,hrs.	to have occurred on the date stated above, at	death is said
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lormin.	were as follows:	Date of onset
OCCUPATI	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Theory Delevores	10 12
8	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Oshar Caracilla and Caracilla	, , , , , ,
12.	BIRTHPLACE (city or town) (State or country)	lesburg	Other Cuntributery Causes of importance:	
HEK	13. NAME (Secret	mackele		
LAIH	14. BIRTHPLACE (city or town) (State or country)	- Emel	Name of operation Date of What test confirmed diagnosis? Was there an au	topsy?
A COME	16. BIRTHPLACE (city or town)	packell	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
	(State or country)	how hell	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. 1	BURIAL, CREMATION, OR REMOVAL Place Waller	Date 24/22 2, 193/4	Manner of injury	
19. (UNDERTAKER (Address)	Johnson .	24. Was disease or injury in any way related to occupation of deceased?	
20. 1	FILEO 331, 1934	Registrar.	(Signed) Chubrice farea (Address) Russa for to the	M. 0

V. S. No. 1

N. B.—WRITE PL. mation should CAUSE OF I

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

plain terms, so that it may be

See instructions on back of

TION is very important

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

	6 -	n	0	()
1	2	.1	3	6
11	Page	~	-	

1. PLACE OF	DEATH			(AT)	
County	Anne Aruno	iel		Registration Dist. No. 21	
Village or Cit	y Tastpor	t	//	Nn.	Ward
Length of resid	ence in city or town where	daath occurred	yrs,mos	death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsr	number)
2. FULL NAM	ME GEORGE RO	DBERT MI	PCHELL		
(a) Residence	e: No. Eastpo	Ort Md.	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONA	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH March (Month) (Day)	_, 193_4(Year)
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced dily an	gusta Jo	hneon	22. I HEREBY CERTIFY, That I attended	I deceased from
6. DATE OF BIRTH (m	nonth, day, and year)	ne 14.	1877	last sew h alive on 19 19 19 19	
7. AGE Yaars		Days	If LESS than	to have occurred on tha data statad above, atm.	,
5	6 9	2	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profess kind of wo	ion, or perticular ork done, as SPINNER, BDDKKEEPER, atc	aterman		Pistol shot wound	
9. Industry or bi	usiness in which		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	July - my vorcing	
10. Date deceesed this occupa	ation (month end	11. Total tip	me (years) t i n this	through right temply	
12. BIRTHPLACE (city (Stata or count		. Count	4-4	Dthar Costributory Causes of Importance:	
		itchell,		tuling humany	
13. NAME 11. 14. BIRTHPLACE ((State or c	(city or town)	n. Co.,		Nama of oparetion Date of Whet test confirmad diagnosis? Was thare an	24
15. MAIDEN NAM	e unk	nown		23. If daath was due to axternal causes (VIDLENCE) fill In also the followin	
15. MAIDEN NAM 16. BIRTHPLACE ((State or c	(city or town)	A. Co.,	1.	Accident, suicide, or homicida?	16.,1927
	rs. Alvin . astnort. No		hter	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATIC	on, or removal	Date Mar.	19,,1934	Manner of injury	
19. UNDERTAKER J. (Address)	ohn L. Ta <i>j</i> nnanolis	lor,		24. Was disaase or injury in any way ralated to occupation of deceased?	
20. FILED 3 18	19 34	Mung	Registrar.	(Signad) Lysung to Law (Address) Cily Corn	1/19.
	If more	blanks are needed, an	Idress State Registrar,	2411 N. Charles Street, Balimore, Requesting V.S. No. 1. 1.	· Zud

ż

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEATH				940	OI DEAT		
Coun	ity CC.	0	ų.			Registration Dist	No 2	8
	ge or City (Co	2	ma.			ion, give its NAME ins	St.,stead of street and	Ward
2. FULI	Vous -	ank;	A Mile Home (Usual place of abo	help	St., Ward.	If nonresident give		
PEF	RSONAL AND S	TATISTIC	AL PARTICUL	ARS	MEDICAL CE	ERTIFICATE O	F DEATH	
3. SEX	4. COLOR OR	RACE 5	S. SINGLE, MARRIED, OR DIVORCED (wm	ite the word)	21. DATE OF DEATH	ch) (Month)	(Day)	, 193 4 (Year)
5a. If married HUSBAT (or) WI	d, widowed, or divorced ND of FE of	lelle	Mitche	L		CERTIFY.	Thet stended	deceased from
6. DATE OF	BIRTH (month, day, and)	yeer) Go	76-	1867	I last saw h. Luc. alive on (-; death is sale
7. AGE	Years	Months	- 111	if LESS than	to have occurred on the date states			
	66	5		min.	The PRINCIPAL CAUSE OF DEAT were es follows:	H and related causes of	importence	Date of onset
Z Tred	le, profession, or particula kind of work done, as SPI	INNER.	al level	-				
FO	SAWYER, BOOKKEEPER, e stry or business in which	tc	arjune	~		- Porey		Clay 121
D S	work was done, as SILK M SAW MILL, BANK, etc	ILL,	0		mym	a Vecto	710	06
10. Date	deceased last worked at his occupation (month and year)	19.30	11. Total time (y spent in t occupation	his /	0			-
	ACE (city or town)	my	bolio (no	Other Contributory Causes of impor	rtance:		5 year
13. NAM	E Phile	1/2 Or	ritabell	2	athorses-	Deler		aft
	HPLACE (city or town) State or country)	mar	nle Q		Name of operetion			-1-09-17
15. MAID	DEN NAME	e1.a	me Xa	less	23. If deeth wes due to external caus			
1 - 1	HPLACE (city or town)			1	Accident, suicide, or homicide?			T.
¥ (Stete or country)	Mar	4 Lans		Where did injury occur?		·,u.,	
17. INFORMA (Addr	INT Cuntis ress) / Edgew	milo	Brookly	perk	Specify whether injury occurred In	(Specify city or town INDUSTRY, in HOME,	or in PUBLIC PL	te) .ACE,
18. BURIAL, (CREMATION, OR REMOV	AL	Nesnel 1	1 34	Manner of injury			
Piace	Kaldas M		Date VIVIII	, 19	Nature of injury			
19. UNDERTA (Addr		497	- Em	•••	24. Wes disease or injury in any wa	y releted to occupation	of deceesed?	70
20. FILED	ner 12 , 19.34	1	Mus	2 - Registrar,	(Signed) Markon	Hay	ro ville	M. D

V. S. No. 1

N. B.—WRITE PEAINLY,

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

IARGIN RESERVED FOR BINDING

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

OCCUPA-

Exact statement of

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRTHI V.S.	10		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
phoesu vie-				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITION	AL SPACE FOR F	URTHER STATEM	ENTS BY PHYSIC	IAN
		•		

V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DEA

02335

1. PLACE OF DEATH		(8)	
County .		Registration Dist. No.	20
Village or City Ant		NoS f death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town where deat	n occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME (a) Residence; No.	sta mor	St. Ward.	
0	(Usual place of abode)	If nonresident give city or to	wn and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
Jem, Colory	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mass 3	, 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	moreland	22. I HEREBY CERTIFY, That i at	
6. DATE OF BIRTH (month, day, and year)	1875	Llast saw h alive on 1	9; daath is said
7. AGE Yaars Months	Oays if LESS than 1 day,hrs.	to have occurred on the data statad above, at // 50 m. The PRINCIPAL CAUSE OF DEATH and raiated causas of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER.	ormin.	were as follows:	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	-w-wax	Malyon : spartic, of right	sede.
10. Oata deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation	-	
12. BIRTHPLACE (city or town) Int (Zem	Other Contributory Causes of Importance:	
(Stata or country) 2 13. NAME Logo	Brown	Carebral Remourhage. Cesty 67.	
14. BIRTHPLACE (city or town)	to gim-	Name of operation Oe	
(State or country)	0	What tast confirmed diagnosis? Was the	*
15. MAIDEN NAME FORSELT 16. BIRTHPLACE (city or town)	Ourens_	23. If death was due to external causes (VIOLENCE) fill in also tha fo	oliowing:
O 16. BIRTHPLACE (city or town) (Stata or country)	A. J.	Accident, suicide, or homicide? Date of injury_ Whare did injury occur?	
17. INFORMANT AX SELECT	reland	(Specify city or town, county a Specify whether injury occurred In INDUSTRY, in HOME, or in PUB	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date France 6, 1934	Manner of injury	
19. UNDERTAKER -13.	truson	24. Was disease or injury in any way related to occupation of daceas	ad?
20. FILED 3/5, 19.3.4	St. P. Classtor	If so, specify of the John Hall 3rd	M. D.
4.4	Wig brul Registrar.	(Address) Laye Banc	my mel

If more blanks are reeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
		·
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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02336

rery item of infor-	CIANS should state	ement of OCCUPA.	\
I ORD	Y. PHYSI	Exact stat	
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
HIS	pe s	pe 1	of c
NLY, WIL UNFADING INK-THIS IS A PERMANENT I ORD CEP item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ery important. See instructions on back of certificate.
P	onld be	F DEA	ery imp

MARGIN RESERVED FOR BINDING

ted EX	perly cla	ificate.
be stat	be pro	of cert
plnods	it may	on back
d. AGE	s, so that	ructions
y supplie	ain terms	See insti
e carefull,	CAUSE OF DEATH in plain terms, so that it may be properly cla	portant.
should by	OF DE	s very im
mation	CAUSE	TION i

B.—WRITE

1. PLACE OF DEATH	(23)
County a a	Registration Dist. No.
Village or City lessenfees force	NoSt., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Pichard N	eal_
(a) Residence: No. Leconolarslove	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR Divorces (write the v	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
180 / 10-	1934 to 16/10 7 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h dear alive on Off as 5 , 1934; death is said
7. AGE Years Months Days If LESS	
20 0 orn	I THE PAINCIPAL CAUSE OF DEATH and lengted causes of importants
Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Queleve ma broule ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc "Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 4 3 3 11. Total time (years) this occupation (month and	
10. Date deceased last worked at /93 a lat. Total time (years) spant in this occupation (month and year) occupation	70
a planting of the same	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Les Crestons
13. NAME Damus, Neal	Telison ary ?
E	Now of condition
14. BIRTHPLACE (city or town)	Nama of operation Date of What had a second discoult?
15. MAIDEN NAME Omina Pordina	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
E	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Sa sel Mesos	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Namiel Med Date Mes 10	199./ Nature of injury
19. UNDERTAKER A L HAPPING (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Man \$ 19 9 4 NOTO Clares	If so, specify (Signed) J J M. D.
Dephrel f. Regi	strar. (Address)
If more blanks are needed address State h	Project as age. N. Charles Sweet Relimon Description 71 S. N.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. s.			
Other contributory causes of importance:	Ĩ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

JARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02337
1. PLACE OF DEATH	(18)
County The And An	Registration Dist. No.
Village or City . Leuthelun (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
. 1	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry Oldhauser	
(a) Residence: No. Fataloses and (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Much 7 1934 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Calsus and Addiance	22. I HEREBY CERTIFY, Thet t attended decreesed from
Her 27 1868	11012A / 1957, to 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	l lest saw h elive on; deeth is sald to have occurred on the date stated above, at m
' 75 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Illuminating gas
9. Industry or business in which work was done, as SILK MILL, Bank, SAW MILL, BANK, etc	Poconeio a dal am
11. Total time (years) this occupation (month end	abluvial
year) occupation (month and 1994) spentin this	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - New York City	Other Conditionary Causes of Importance:
(State or country)	Adri ALI V
13. NAME Jane Office Statement 14. BIRTHPLACE (City of Jown) Sermany	
[14. BIRTHPLACE (city of Jown) As Rums anny (Stele or country)	Neme of operation Date of
	What test confirmed diagnosis? Alalkan Was there an au'opsy
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Leursuanuf (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur? M. Linthinger
17. INFORMANT Mo. Thel Knesge (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury . Assensielled hose from gas hely
Place Wirdhawa Dete Max. 15 , 1934	Nature of injury Sleemenating Las Polaring.
19. UNDERTAKER Am Cork Paul II	24. Wes disease or injury In any wey releted to occupation of deceased? 240 If so, specify
20. FILED 7 Jeh 1934 Callarele Montry	(Signed) W. Sarson M. D.
Registrax	(Address) Hettings and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECENTER	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 27. 1934	July 5,1927	Peritonitis	3 days ago
	BURHAU V.S.	5		
Other contributory ca	uses of importance:	15 ap-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. S.	T page		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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properly classified.

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CAUSE OF DEATH in plain terms, so that it may

See instructions on

TION is very important.

mation should B.—WRITE PL

V. S. No. 1

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certificate.

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	Y. WITH UNFADING INK-THIS IS A PERMANI
	2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02339
1. PLACE OF DEATH	
County $u-a-a$	Registration Dist. No.
Village or City Chamale olis and	No. Ward
(If Length of residence in city or fown where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF Eurge W Parker	- ST WITHIR CARPORATE LIMITE OF
(a) Residence: No. 73 NWST Street	St Ward.
(Úsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DWORCED (prite the word) So It married with the second seco	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Midow Tr	22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 15, 1934
6. DATE OF BIRTH (month, day, and year) 1864	I fast saw h Lim alive on Warch 15, 1934; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:45Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Myscardells ?
work was done, as SILK MILL, SAW MILL, BANK, etc. Proal & Family	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Chronic nephritis & Duration: not stated.
12. BIRTHPLACE (city or town) analow Md (State or country)	Other Contributory Causes of Importance:
1 0 0	
14. BIRTHPLACE (city or town) amofive md	Name of a section
4 14. BIRTHPLACE (city or town) Amount of the Color (State or country)	Name of operation Date of
15. MAIDEN NAME FAMILY COME SWAMM	What test confirmed diegnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT IS EUTGE W Parker IT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in RUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Printer all Com Date 3. 18 , 19 34	Nature of injury
19. UNDERTAKER EL H. B. Parker (Address) H. T. Wankmerton, A. C.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 3 /7 1934 All Musiful Registrar.	(Signed) Lawrence W' Treeme M. D. (Address) 5 3 Calvert st
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related eaus of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

りとおなし If nonresident give city or town and State (Year) .. to March 19 2/23/34 -- Was thera an autopsy? NO

(a

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		· 1050 · · · 174945 · 818 (448).	,

	ADDITIONAL SPACE I			
(a) March 4,19	4: Multiple incisio	n and drainage of	carbuncle. March	8,1934: Multiple
incision ar	d drainage of carbu	ncle. March 9,193	4: Debridement, ga	ingrenous areas.
both feet.				

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02341
1. PLACE OF DEATH	23
County Unne University	Registration Dist. No. 222
Village or City By a gess ma	ND. St., Ward
Langth of residence In city of Town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME TO Pen a	4 - 1
(a) Residence: No. Bank Dan - ha	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Bluck. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of WWYCNOWN	22. I HEREBY CERTIFY, That I attanded deceesad from
morday 1000	Hat S , 1934, to March 25, 1934 Hast saw have alive on March 25, 1934; dath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on Masch 2, 193.4; death is said to have occurred on the data stated above, at 2 P. And .
42lday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Belateral Julmonary Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jula colosis 1 Oct 193
9-Industry or business in which work was dona, as SILK MILL, Crane Fireman SAW MILL, BANK, etc	
9-Industry or business in which work was dona, as SILK MILL, Crane Friends SAW MILL, BANK, etc 10. Date decaasad last worked at this occupation (month endbee 1933 spent in this year)	
12. BIRTHPLACE (city or town) Cambridge (State or country)	Other Contributory Causes of importance 1
13. NAME MKNOWN 14. BIRTHPLACE (city or town) MKNOWN (State or country)	Nama of operation Data of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town)	23. If death was dua to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homleide?
(State or country) Winknow	Whare did injury occur?
17. INFORMANT Charles Clutz (Address) Odenton ma.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jorx Cemetery, Date Mar 27, 1924	Manner of Injury
19. UNDERTAKER Lloyd Raiser (Address) Laures ma	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEMAN 26, 1934 M. L. Jones Selendoce Registrar.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	***	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BODEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	EMENTS BY PHYSICIAN	STATEMENTS	FURTHER	ACE FOR	ADDITIONAL SPACE
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. ery item of infor-UNFADING INK-THIS IS A PERMANENT I JARGIN RESERVED FOR BINDING NLY, WITH N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12342)
1. PLACE OF DEATH	108
County aure arundel	Registration Dist. No.
Village or City Palapseo, Fintheren	More St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	
2. FULL NAME BOAD Lower	Robinson
(a) Residence: No. Pataks	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While Solution of the word)	(Month) 29, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Robinson	22. I HEREBY CERTIFY, That fattended deceased from
6. DATE OF BIRTH (month, day, and year) 25 1885	I last saw h 22 alive on Wh 29 1974; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the Param.
48 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset 3/23/95
a Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKREPER, etc.	Double goton
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupetion (mosth and	/
10. Oato deceased last worked at this occupation (month and 31) spent in this occupation.	
12. BIRTHPLACE (city or town) Elaston Fall of Co. (State or country)	Other Contributory Causes of importance: Contributory Causes of importance:
13. NAME John Marsel	
13. NAME AND	Name of operation
(State of County)	What test confirmed diegnosis? The Was there en autopsy? 200
# 15. MAIDEN NAME Turkerown	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs anna Schafer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL Sem. Oate April 229, 19.34	Menner of injury
19. UNDERTAKER Charles W. Pill. (Address) B/09 Fred & Ave:	24. Was disease or injury In eny wey related to occupation of deceesed?
20. FILEO 3 & / 103 4 AM Malla	(Signed) Dan M. D
If more blanks are needed and sets at State Revieway	(Address) Religious Requesting (1) S. N. 2

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Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis , , , , , , , , , , , , , , , , , ,	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V-SI		8		
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER S'	TATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

stated EXACTLY. properly classified. E

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of of

-WRITE PLAINLY, WITH

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			13
County Q-a.	Δ	Registration Dist. No. 21	
Village or City annaport	6 m	No. St., St., f death occurred in a hospital or inflitution, give its NAME instead of street and num	Ward
Length of residence In city or town where death		MITHIR CORPORATE LIMITS OF	
2. FULL NAME TONA.	Del Posari	0	
(a) Residence: No./@ >+ all	(Usual place of abode)	St., Ward. If nonresident give city or town and State	le
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
+ W	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria	n. Del Rasari	22. I HEREBY CERTIFY, That I attended dece March 10, 1934, to March 12	
6. DATE OF BIRTH (month, day, and year)	ul 3-1911	I last saw her alive on March 12, 193 4; do	eath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
1 11 11	1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BODKKEEPER etc.	14.	Theart desease Chrone	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	use 184e	valnular.	
work was done as SILK MILL			
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
	World Oakolone	Dther Contributory Causes of importance:	5-7-3
12. BIRTHPLACE (city or town) 1+ and 124 (State or country)	««««««««««««««««««««««««««««««««««««««	Toring dia Collins	-/ 5
II 13. NAME John Be	nhon	Luck, lie 01-	2
13. NAME John 13. NAME		Name of operation Pericandodomy Date of 3	18-35
(State or country) 74 and or	1 1V. C.	What test confirmed diagnosis? Was there an aulo	4
I 15. MAIDEN NAME	Baken	23. If death was due to external causes (VIDL ENCE) fill in also the following:	0
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of Injury	19
(State or country) // asfor	W.Co.	Where did injury occur?	
17. INFORMANT Mariam . Will (Address) / 0 9+ allow st	Rosario	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	2	Manner of Injury	
Place / Nal Comeling	ate (Mar 24, 1935)	Nature of injury	
19. UNDERTAKER B + HOPE (Address) Ann about	bring	24. Was disease or injury in any way related to occupation of deceased?	٠. د
20. FILED 3. 2-3., 19.04.	Tarafil Registrar.	(Signed) Morman Foblish (Address) U.S. Maral Oceada	M. D
If more blam	W. A.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritomitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TATE OF THE PARTY	D1 21 013	TOIL	T. O. I.C. I. I. I. I. I.	DIVITINITINI	17 1	I III I DI CIAIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH	344
1. PLACE OF DEATH	92-0	
County Q-Q.	Registration Dist. No. 2	Zar"
Village or City Near anopolos	No. 420 West St.,	Ward
Length of residence in city or town where deeth occurred 4-yrs	death occurred in a hospital or institution, give its NAME instead of street and nur ds. How Jong in U.S. if of foreign birth?yrsmos.	
2. FULL NAME William Sc	Lello	
(a) Residence: No.420 west	St. Ward.	
(Usual place of abode)	If nonresident give city or town and St	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) LS CAOUS	21. DATE OF DEATH March 27 (Month) (Day)	193 4 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concern All Schulley	22. FIHEREBY CERTIFY, That lettended de	ceased from
10-10-16/10	l last saw h. sae alive on the 20 19 5 4;	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et	death is said
86 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Pelured merchant SAWYER, BOOKKEEPER, etc.	Ab III	Data or oneet
9. Industry or business in which	- Populary	Cutting
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) 55 spent in this occupation		
12. BIRTHPLACE (city or town) German	Other Contributary Causes of importance:	Ne sano
(State or country)	Artino Clivores	400
13. NAME Shikroon		P. Carrie
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Olubanows	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME Shiperown	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Carnet School (9) (Address) 420 west gong old in	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place Calau Hugh Date Max 28, 1934	Manner of injury	
19. UNDERTAKER B. L. J.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED. 3 28 , 19 34 Millian Registrar.	(Signed) Aller was	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Exact statement stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF I	DEATH		_		23)	12343
	County	inne Arun	iel			Registration Dist. No.	31
		Annapol				No. 118 Prince Geo. St., death occurred in a hospital or institution, give its NAME instead of street a	nd number)
	Length of residence					ds. How long in U.S. If of foreign birth?yrs	mosds.
1:	2. FULL NAME					WITHIA CORPORATE LIMITS OF	
1	(a) Residence:	No. 118 P		ual place of a		St.,] Ward. If nonresident give city or town	and State
_		AND STATIS				MEDICAL CERTIFICATE OF DEATH	
3.	sex 4.	inite	OR D		D, WIDOWED, write the word)	21. DATE OF DEATH Na.rch 10	, 193 <u>4</u> (Year)
5a.	. If married, widowed, on HUSBAND of (or) WIFE of	or divorced	Low	w			led deceased from
6	DATE OF BIRTH (mon	oth day and year) F	ah 2	28 18	161	I last saw has alive on Well 16th 19	39; death is said
_	AGE Years	Months	V ~ 0 12	Days	If LESS than day,hrs.	to have occurred on the date stated above, at	-7-, 40011113 3014
_	& Trade, profession	or particular	1	16 1	rmin.	were as follows:	Date of onset
OI	kind of work SAWYER, BO	done, as SPINNER, OKKEEPER, etc	Hous	sework		Myocardilis	Mch 15
CG C	9. Industry or busin	Industry or business In which				De l'Echrai	
SC	SAW MILL, B. 10. Date deceased la		1	1. Total time	(vaara)	The remains	Jes
ŏ	this occupatio	on (month and		spentin	this	Other Contributary Causes of importance? 3, Luspeak	
12.	. BIRTHPLACE (city or (State or country)		iance Ohio			Other Contributary Causes of importance?	·4
ER	13. NAME	-	nichow	vn			
FATHER	14. BIRTHPLACE (city	y or to min/	nknov	m		Name of operation	
ER	15. MAIDEN NAME	u	nknow	ın		23. If death was due to external causes (VIOL ENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (city	,,	nknow	vn		Accident, suicide, or homicide? Date of Injury	
17.	12	rs. Mildr	ea Bi	shop		Where did injury occur?	State) PLACE.
18.	BURIAL, CREMATION,	OR REMOVAL	Date	31	8 ,19 34	Manner of Injury	
19.	. UNDERTAKER (Address)	John L Annapol	Tayl	lor,		24. Was disease or injury In any way related to occupation of deceased? If so, specify	7
20.	FILED 3 18	, 19.34	AMA	mp h	Registrar.	(Signed) (Address)	M. D.
		If mor	e blanks are	needed, addre	ss State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. z.	THE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ,	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	muli E	
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02346
County arme deemdel	Registration Dist. No. 2
Village or City Crownswelle State	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/yrs,/_mos.	ds. How long In U.S. if of loreign birth?yrsmosds.
2. FULL NAME Italianis Scott	/
(a) Residence: No. Balkemore me	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Consider the state of the stat	21. DATE OF DEATH (Month) (Day) (Year)
5a. 11 marriad, widowad, or divorced HUSBAND of (or) WIFE OF Laslable Seath.	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1885	Vlast saw h Ling affive on 3/9/34/19 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profassion, or particular kind of work done, as SPINNER, Labour. SAWYER, BOOKKEEPER, etc.	General Paralysis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	of eledneand
10. Date decaased last worked at this occupation (month and year)	<i>y</i>
12. BIRTHPLACE (city or town) Vicquined (State or country)	Other Contributory Causes of Importance:
13. NAME Unknows.	A/
13. NAME UNR VOLUM	Name o1 oparation Date o1
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Leath. (dead)	23. 11 death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
17. INFORMANT Sowwiello Koof Record. (Address)	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Date Date 3, 1934	Manner of Injury
19. UNDERTAKER WAR WITH AUGUST (Addrass) 430 W. Buddle Al	24. Was disease or injury in any way related to occupation of declared? If so, pacify
20, FILED // O , 193 K C T Registrat.	(Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH undel Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?_____yrs.____mos.____ds. Langth of residence In city or town where death occurred statement If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, 3. SEX OR DIVORCED (write the word) 5a. If married, widowed, or divorced CERTIFY, That I attanded deceased from HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than Days, to have occurred on the data stated abova, at 7. AGE Months 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____ min. Date of onset & Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, atc... 10. Data daceased last worked at 11. Total time (years)
spent in this this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) ii. (State or country) efully pl MOTHER 23. If death was dua to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME important. Accident, suicide, or homicide?_____ Data of injury_____ 16. BIRTHPLACE (city or town) OF DEATH ud. (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION related to occapation of deceased 19. UNDERTAKER If so, specify (Address) Registrar (Address)

of should

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BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	cample I	C STATE	Example II			
The principal cause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	CFIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	PR R WA	July 5,1927	Peritonitis	3 days ago		
	DEALL V.S.					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE I	FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important

-WRITE PLA

V. S. No. 1

PHYSICIANS should state act statement of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			23
County Anne Arun	del		Registration Dist. No. 21
Village or City Annapoli Length of residence in city or town whare			No. 8 Maryland AVC. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME Frank R	oon Smit	h	WITHIR CORPORATE LIMITS OF
(a) Residence: No. 8 Mary		•	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. October 1932 to March 15 1934
6. DATE OF BIRTH (month, day, and year)	v. 17 1	885	Hast sew him alive on March 15, 19 FY; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9 ± 9 m.
48 3	36	1 day,hrs.	THE FAIRCLE AL CAUSE OF DEATH and talated causes of importance
8. Irade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Lt. Coma reti	r. U.S.N	Chrome of two advances 1919
10. Date decaasad last worked at this occupation (month and year)	spe	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) Milmin (State or country)	ton. elaware		Other Contributory Causes of importance:
# 13. NAME Frank K. Sm	ith		
13. NAME Frank K. Sm 14. BIRTHPLACE (city or town) (State or country) De	la <i>l</i> are		Nama of operation Coul Date of What tast confirmed diagnosis? Lucidure Was there an autopsy? Al
15. MAIDEN NAME Tydia R	000		23. If daath was dua to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	laware.		Accident, suicide, or homicida?
17. INFORMANT Mrs. Smith	- mothe	r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa Arlington, Va	· Date Marc	h 19, ₁₉ 34	Manner of injury
19. UNDERTAKER John M. Ta (Address) Annapolis,	vlor.		24. Was disaase or injury in any way related to occupation of deceasad?
20. FILED 3/7 19.34	Men	Registrar.	(Signed) Hornau Hoberts M. D. (Addrass) SF3 West Street
I P more	e blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
DUDEAU V. S.			4		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

supplied.

mation should be carefully

TION is very important.

20. FILED 3 /7 19.

See instructions on back of certificate.

CORD. Every item of infor-PHYSICIANS should state

OCCUPA-

Exact statement of

V. S. No. 1

1	STATE O	F MARYL	_AND-	CERTIFICATE OF DEATH	2349
	County Bastbort	Anne Art	unael	Registration Dist. No.	21
	Village or City Rastpor	t		No. St	Ward
	Length of residence in city or town where de	eath occurred		death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
,	. FULL NAME LYDIA CHE	CULTS CIT	C.F. HTT	J 100 J	mv3
1	(a) Residence: No Eastport		+ 4 L	St., Ward.	
ghings	PERSONAL AND STATISTIC	(Usual place of ab		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3.		5. SINGLE, MARRIED OR DIVORCED (w), WIDOWED,	21. DATE OF DEATH March (6	193 4.
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of			1 HEREBY CERTIFY, That I atter	ided deceased from
6. 1	DATE OF BIRTH (month, day, and year)	r. 31, 18	392	I last saw h_ es alive on Wall 16, 19	7.4; death is said
7. /	AGE Years Months	Days	If LESS than day,hrs.	to have occurred on the date stated above, at & &m.	
	41 10		rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ousekeepe	er	acute delatabas y beaut	Mad. K.
200 /	10. Date deceased last worked at this occupation (month and year)	11. Total time (spent in occupetio	(years) this		
12.	District and Conty of County	polis, arvlandl		Other Contributory Causes of importance:	wour,
ER	13. NAME Charles Smit	-		1 (agen curring)	1774
FATHER	14. BIRTHPLACE (city or town)Anna,			Name of operation. Date What test confirmed diagnosis? Ulur Cul Was there	of an autopsy? Us
1ER	15. MAIDEN NAME Effic Eva	ns		23. If death was due to external causes (VIOLENCE) fill in also the folio	
MOTHER	16. BIRTHPLACE (city or town)	polis. aryland.		Accident, suicide, or homicide? Date of injury	, 19
17.	INFORMANT Mr. Frank N (Address) Annapolis	Smith,		(Specify city of town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, OR REMOVAL PlaceSt. Anne's Cemt	.Date Mar. 1	18, 19 34	Manner of Injury	
19.	UNDERTAKER John M. Tay (Addiess) Annapolis,	lor, Md.		24. Was disease or injury in any way related to occupation of deceased If so, specify	ur:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Exact statement of OCCUPA.

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N. B.-

1. 1	PLACE O	F DEAT	Н		YLAND—	CERTIFICATE OF DEATH
			Arunde		te Hospit	Registration Dist. No.
					(16	death occurred in a hospital or institution, give its NAME instead of street and number)
1				es Spen		
2.	(a) Resider			rge, Ma (Usual place	ryland	St., Ward. If nonresident give city or town and State
	PERSON	NAL ANI	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	ale	blac	or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 12 th (Month) (Day) (Yeer)
5a. If r H (d	merried, widov IUSBAND of or) WIFE of	wad, or divor [_{ced} Jnknown			22. I HEREBY CERTIFY, That I attended deceased from May 19th 1932, to Merch 12th 1934
6. DAT	TE OF BIRTH	(month, day,	, and year)	1872		I last saw h. im elive on MEr. 12 1934 : death is said
7. AGE		62	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 12: 45 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
OCCUP	9. Industry or work wa SAW MI 0. Date decease this occu	is done, as SI LL, BANK, et sed last work upation (mon ity or town)_	which ILK MILL, Ic	spe	ime (years) nt in this	Other Contributory Causes of importance: General arteriosclerosis
	B. NAME I	aniel	Spano	e, dead		
IL.	I. BIRTHPLAC (State o	E (city or tov r country)	vn)M&I	ryland		Name of operation Data of Was there an autopsy?
三一				artin, d		23. If daath was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	FORMANT (Address)	Crov		cords Mary	Land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
19. UN	DERTAKER (Addrass)	Isa	ich k	Data Dios	19.35 F Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signature of injury in any way related to occupation of deceased? M. (Address of Own Sville Mary Jane)

If more blanks are needed, address State Registrar, 2417-N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evample I

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Evample II

Example 1	il	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S. J.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	6	0	J	1

3. PLACE OF DEATH	<u> </u>
County anne assended	Registration Dist. No.
Village or City Lewell, hid	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
10:11 04	
2. FULL NAME (gut) springs	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH march 2" "4
female negro	(Month) (Oay) (Year)
Sn. ff married, widowed, or divorcad/ HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from warch 2 4 , 19 34 , to hearly 24 , 19 54
6. DATE OF BIRTH (month, day, and year) Wurch 24/934	l last saw h-2 alive on 19 death is said
7. ACE Years Months Days If LESS than	to have occurred on the date stated abova, at . 7 . 3 . Am.
Stulbon 1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and letated causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER,	Were as follows. Oate of onset
SAWYER, BOOKKEEPER, etc.	Stillon
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
13. BIRTHPLACE (city or town) Levell, Und-	Other Contributory Causes of importance:
(State or country)	Congesital aylabolis (?)
13. NAME monis Skuggs	
14. BIRTHPLACE (city or town) a a la landy -	Name of operation Oata of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dorothy Owens-	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 9 - 9. Country	Accident, suicide, or homicide? Oata of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mother - (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
13. BURIAL, CREMATION, OR REMOVARD - 3/5/43.	Manner of injury
Place Priggs Walle Date 1, 1924	Natura of injury
19. UNDERTAKER Morris Affrigg.	24. Was disaasa or Injury in any way related to occupation of deceased? 24.
(Address) Juvell, reff	If so, specify
20, FILED 3/24, 1924 W.T. Cay Ton. Registrar.	(Signed) Luly H. When, M.D. (Address) Lother W.
37, 30,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	j.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. b.	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 4 1		

-WRITE P

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Ę	7	4	()	U	4

1. PLACE OF DEATH	82·a)
County Home Thursday	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME /SQ.DO//g Tav	102
(a) Residence: No. July Mac Drane (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 March 193 (Yest)
5a. If married, widowed, or divorced HU3BAND-of (or) WIFE of	22./ 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 16/11/11/19/1985	I last saw hav alive on 20 90, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a figure of the first of th
4-8 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Representation of this procupation of the proc	Bribral hemostikası
12. BIRTHPLACE (city or town) The Arundul Co	Other Contributory Canses of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. Direction of the country of the city of town of the city of the c	varero seconosis
14. BIRTHPLACE (city or town) Amo Hormale, G	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margare + Carroll 16. BIRTHPLACE (city or town) Anno foundal co (State or country) Many Land	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Nelson aglos (Address) France & Branch	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Branch Date 3 - 25, 1934	Manner of Injury No
19. UNDERTAKER James astayes.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Man 23., 1934 Idas M. Ithelan Registrar.	(Signed) (Address) M.D. (Address) M.D. (Address) M.D.

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Chronic interstitial nephritis	11921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DURPAY, (934	1			
Other contributory causes of importance: \$		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Arundel Anne (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.__

	2. FULL NAMI	_E Davi	d Th	ompso	n		
1	(a) Residence:	No. Balt	imor	e Ma (Usual place	ryland inf abode)	St.,	Ward.
	PERSONAL	AND STAT	ISTICA	L PART	ICULARS		MEDICAL C
	sex 4	black		SINGLE, MAI OR DIVORCE Singl	RRIED, WIDOWED, ED (write the word)	21. DATI	E of DEATH March
5a	. If married, widowed, HUSBAND of (or) WIFE of	or divorced				22. June	I HEREB
6.	DATE OF BIRTH (mor	nth, day, and year)	1	870			im alive on 1
7.	AGE Years 64	? Month	s know	Days n	If LESS than I day,hrs. ormin.	to have occu	urred on the date stat
OCCUPATION	9. Industry or busi work was do SAW MILL, E	ne, as SILK MILL, IANK, etc	Dr -	SD8	time (years) nt in this		
12. BIRTHPLACE (city or town) Maryland (State or country)						ibutary Causes of Imp	
FATHER	13. NAME 14. BIRTHPLACE (cit (State or cou	,,	h Th know	_	n	Name of ope	eration = =
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou					Accident, su	vas due to external car icide, or homicide?
	(Address)	Crownsv	ecor ille	ds Mar	yla nd		ther injury occurred i
IX.	BURIAL CREMATION	UK REMMVAL		Acre			

ame of operation	Was there an a	utopsy?
Other Contributory Causes of Importance: The onic interstitial	nephriti	e -5-mc
ere as follows: itral insufficiency	****************	4 mos

Registration Dist. No.

If nonresident give city or town and State

CERTIFY, That I attended deceased from

ERTIFICATE OF DEATH

19. 25 to March 13th

(Specify city or town, county and State)
INDUSTRY, in HOME, or in PUBLIC PLACE.

Lath (Month)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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19. UNDERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.

E.	ICL	atem	
ORD	HYS	t sta	
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. BY	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	F DEATH in plain terms, so that it may be properly classified. Exact statem	
LN	LY	ď.	
ANE	CT	ssifie	
SRM	XX	cla	4
A PI	ed I	perly	ficati
IS	stat	prol	certi
HIS	pe	pe	of
X-T	pluor	may	ery important. See instructions on hack of certificate.
Z	S S	t it	On
ING	AG]	o tha	tions
FAD	ied.	ns, se	truc
NO	lddn	tern	e ins
HI	ly s	lain	S
E	refu	H	tant.
NLY	e ca	ATH	npor
Y	ld l	DE	II A.
2	nc	F	e

S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH ()2	354
1. PLACE OF DEAT	ГН			(83)	
County Anne	Arundel			Registration Dist. No.	7
Village or City	rownsvil	le Sta	te Hospi	ta] _{No.} St.,	Ward
Length of residence in cit	ty or town where deel	th occurred	yrs 11 mos	f death occurred in a hospital or institution, give its NAME instead of street and n s	umber) sds.
2. FULL NAME	~~~~~~~~~~~~~~~~~		urner		
(a) Residence: No	Har			Sergland Ward.	
DEECONAL AND		(Usual place		If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	CK	OR DIVORCE	RIED, WIDOWED. O (write the word) 1 21 e	March 1st (Day)	, 193 4
Se. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I ettended of April 1st 1931, to March 1st	deceased from
6. DATE OF BIRTH (month, day	and year) 1	908		lest sew h_im_alive on March lst 1934	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a 2:10	, 404011 13 3414
27	Unkn	lown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	erticular as SPINNER,	None		Paresis	Date of onset
Kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e	which ILK MILL,				
10. Date deceased last wor this occupation (mor year)	ked at ith and	11. Total ti spen occu	me (years) It in this pation		
12. BIRTHPLACE (city or town). (State or country)	Maryla	nd		Other Coatributory Causes of Importance: Pulmonary tuberculosis (discovered only when autopsy was	
TI 13. NAME F	Romulus T	urner		performed)	9
14. BIRTHPLACE (city or to	Mary			Name of operation Date of	
(State or country)				What test confirmed diagnosis? Was there an at	utopsy? VPS
15. MAIDEN NAME	Grace (U	inkno wn)dead	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or to	wn)	ryland		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17 INFORMANT	ital Rec		r/land	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR R		Date 3/6	,19	Manner of injury	
19. UNDERTAKER (Address)	P. Wanter	vie '	Rupy	24. Was disease or injury in shy way related to occupation of deceased?	
20. FILED 3/6 5 Kg	9. 24	Jon	40	(Signed)	/ M. D.
			Registrar.	(Address) Of Ovins ville Meryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

ż

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH	95-2
County C - C	Registration Dist. No. 2/
Village or City Type Vills Md	NoSt., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) 108. How long in U.S. if of foreign birth?yrsds.
(1. T/2 -	osgsgs.
2. FULL NAME Clastil July	- /
(a) Residence: No. Syzem U was Male (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH M
Male Col- OR DIVORGED (write the word)	11/1/1/2 1934
5a, If married, widowed, or divorced	/(Day) (Year)
HUSBAND OF (or) Widows	22. HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIPTH (month day and year) 1856	- 100001, 1934, to, platte 1, 1934
o. DATE OF BIRTH (month, day, and year)	I last saw have alive on Wally 1974; death is said
7. AGE Years Months Days If LESS than I day,hr	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and - Variety 1937
SAWYER, BUOKKEEPER, etc.	Wille !
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
12. BIRTHPLACE (city or town) South River (State or country)	Other Contributory Canes of importance: White alut
# 13. NAME Steven Tyler	- (1 cmm cmmm (,1924
14. BIRTHPLACE (city or town) South River	Name of operation Date of
- (State of County)	What test confirmed diagnosis? Cleuche Was there an au'opsy? Us
15. MAIDEN NAME Racks frimings	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Rachel Jennings 16. BIRTHPLACE (city or town) South River	Accident, suicide, or homicide? Date of injury, 19
(State or country) a care mo	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Plan Rachel Jakleson	Specify whether injury occurred In INDUSTRY, To HOME, or in PUBLIC PLACE.
(Address) Trent Villa VIII	
Place Brewerhill City Date 3. 1934	Manner of injury
6. HOO 6.	// .1
(Address) Any Wastungton &	24. Was disease or injury in any way related to occupation of deceased?
20 -11 1/11. 11.	(Signed) West trends
20. FILED 1954 Registrar.	(Address) Much tus, UM
1/	r, 2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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APR 6 1994 1			
Other contributory causes of importance: &.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

Every item of infor-

STATE	OF	MARYL	AND-CE	RTIFIC	ATE	OF	DEATH
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1		6 .	9	po	Ling
Œ	8	,"	3	13	1
12	1	Par	13	21	66

Registration Dist. No. 27
No. Station Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mosds How long in U.S. if of foreign birth?yrsmosds.
r
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
. 21. DATE OF DEATH
March 23 , 193 4
(Month) (Day) (Year)
22. I HEREBY CERTIFY, That I ettended deceased from
, 19, to, 19,
I lest saw h; deeth is said
to heve occurred on the dete steted above, et
were as follows:
Still-born, full term, due to mal-
position, shoulder presentation, 18 hours duration.
10 10413 441401011
Dther Coutributory Causes of importance:
Neme of operation Dete ol
What test confirmed diagnosis? Was there en eu'opsy? No
23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Name of the last
Menner of injury
24. Wes disease or injury in any way related to occupation of deceased?
If so, specify of the the second seco
(Signed) F.T. CHAMBERLIN, Major, Medical Comps (Address) Fort George Gimeade, Md.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	none g			
and the state of t				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

and that		

4 to 12	rong LisSTATE OF MARYLAND-	CERTIFICATE OF DEATH 02358
infor- state UPA-	1. PLACE OF DEATH	(82:0)
# 를 S	County Will:	Registration Dist. No.
shor of O	Village or City Mean Laurel	No. St War
1 0 0	Length of residence In city or town where leath occurred yes mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
IAD Men	2. FULL NAME Martha J. Shaters	Jis
CORD. Every PHYSICIANS act statement	(a) Residence: No. Mean Laurel Ma	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
rezco r. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
	Female white OR DIVORCED ("write the good)	21. DATE OF DEATH 2 9 (Month) (Day) (Year)
A C T I A C T I assified.	5a. If married, widowed, divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
RMA X A class	(or) WIFE of J. Harry Laters	6/10 ,1931,10 3/29 19.3
	6. DATE OF BIRTH (month, day, and year) How, 12 1867	I last saw h_2_ alive on 2 / 2 / 19 3 y ; death is sa
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
stated proper	66 4 1 1 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of o	8. Trade, profession, or particular kind of work done, as SPINNER, housewife SAWYER, BOOKKEEPER, etc.	Cerebral Amonthey 1931
may back	9. Industry or business in which	annoschool 1913
	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this consultant worked at this consultant worked at this consultant worked at	
1 63 to 0	10. Date deceased last worked at this occupation (month and year)	
	2.1	Other Caatributary Causes of importance:
s, se ructi	12. BIRTHPLACE (city or town) (State or county)	Muy Cardia deliatory 3/22/
supplied n terms, ee instri	13. NAME John A. McConnell	
sup tin te See	4 14. BIRTHPLACE (city or town)	Name of operation Date of
12 2	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME CLUSS Waly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ca TH port	16. BIRTHPLACE (city or town) (State or couplry)	Accident, sulcide, or homicide?
	Man Wit	Where dld injury occur? (Specify city or town, county and State)
Should OF D	17. INFORMANT J. Tury June 19	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
sho E O	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
mation s CAUSE TION is	Flacificacys levy faunce of the New 31/1934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER of Toyal Thaisen	24. Was disease or injury in any way related to occupation of deceased?
- a	(Addiess) of Laure Md.	If so, specify
T	20. FILES MUST 134 M. Brashews Leal Registrar.	(Signed) M. I
0		(Address)
		The state of the s

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUPFAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

should state

OGCUPA.

of

County Anne Arundel Registration Dist. No.	
	25/
Village or City Crowns ville State Hospital No. Si (If death occurred in a horpital or institution, give its NAME instead of stree Langth of residence in city or town where death occurred 8 yrs, 1 mos. 26 ds. How long In U.S. if of foreign birth? yrs.	.,
2. FULL NAME William Waters	mos(
(a) Residence: No. Somer set County Marylarst, Ward. (Usual place of abode) If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT	
3. SEX Market Market March 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single (Month) (Day)	, 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I atte	(Year)
Jan. 9th 19 26 to March 5: 6. DATE OF BIRTH (month, day, and year) 1877 I last saw him alive on March 5th 19	5h, 19.34
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 4	
8 Trade profession or particular	Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and this progration (month and this program) (month and this progration (month and this prog	
yaar) occupation spant in this occupation	
12. BIRTHPLACE (city or town) Maryland Other Coatributory Causes of importance: (State or country)	
13. NAME Unknown	
(Stata or country)	of
15. MAIDEN NAME Unknown 23. If daath was due to axternal causes (VIOLENCE) fill in also the following the contract of the cont	an autopsy?
16. BIRTHPLACE (city or town) Unknown Accident, suicide, or homicide? Date of injury (State or country)	, 19
17. INFORMANT Hospital Records Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI (Address) Crownsville, Maryland	d State) C PLACE.
18, BURJAL/CREMATION, OR REMOVAL Place Dital Curulan Data 3/83 Manner of injury Natura of Injury	
19. UNDERTAKER OF P. Underode Rub 24. Was dispass of injury in the way related to occupation of dacasses (Address) waterbury If so, specify	6
20, FILED 3/8 3,19 9 7 Joyce (Signad) (Signad) (Signad) (Address) Crownsyille Many	407 M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Company S	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
-				

BINDING

FOR

IARGIN RESERVED

OCCUPA-

male

7. AGE

OCCUPATION

FATHER

MOTHER

.00

5a. If marriad, widowed, or divorcad HUSBAND of

6. DATE OF BIRTH (month, day, and year)

Years

67

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc....

this occupation (month and

Robert

9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc

10. Data deceased last worked at

12. BIRTHPLACE (city or town) __ (State or country)

15. MAIDEN NAME

14, BIRTHPLACE (city or town) (Stata or country)

16. BIRTHPLACE (city or town) (State or country)

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

(or) WIFE of

black

Queen Watts

Months

Unkn

Watts

Lucy

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Arundel Hospi Length of residence in city or town whera death occurred Arthur Watts 2. FULL NAME (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW

1867

Merrick

Days

OR DIVORCED (write the we

11. Total tima (years) spent in this

occupation ____

If LESS

1 day

ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds.

Registration Dist. No.

MEDICAL		nt give city or town	
	CERTIFICAT	E OF DEATH	
21. DATE OF DEATH March		(Day)	, 193 4 (Year)
22. I HEREE October 24th I last saw h i M alive on to have occurred on the data st	March la	March ls	t 19 34
The PRINCIPAL CAUSE OF DE wera as follows: General Para	EATH and related cau	ises of importance the In-	Date of onset
Other Coatributory Causes of in Syphilis			?
		Date of	
23. If death was due to external of Accident, suicide, or homicide?. Where did Injury occur?	(Specify city o	Data of Injury	, 19
Mannar of injury	way palated to occu	pytion of deceased?	

(Address) Grownsville War 7 and If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
			-



(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in demostic service for wages, as Screent, Cook.

Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work. or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at hom, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the-first kin tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. The material 6 yes.). For persons who have no occupation For many occupations a single word or term on without more precise specification as Day will be sufficient, e. g. I'm'mer or Planton and children, not gainfully em-

Statement of Cause of Death—Name, first, the bis-EASE CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia. Bronchopneumonia ("Pneumonia:"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Mcasles;(name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on and qualify as Accidental, Suicidal, or Homicidal, or "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (mcrely ary), 10 ds. causing death), 29 ds.; Bronchopncumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be head of quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," Nomenclature of the American Medical Association.) Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." (Recommendations on state-"Debility" for which surgical operation was under Never report mere symptoms or terminal Chronic valvular heart disease; ("Congenital," "Senile," etc.), Example: Mensles (disease Always qualify all The contributory "Coma," The na.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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)	em of infor-	should state	OCCUPA-	
	ORD. every it	PHYSICIANS 8	act statement of	
OK BINDING	S A PERMANENT E	ated EXACTLY.	operly classified. Ex-	tificate.
ARGIN RESERVED FOR BINDING	JNFADING INK-THIS IS	pplied. AGE should be st.	terms, so that it may be pr	instructions on back of cer
V. S. NO. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN ORD. Kery item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
<i>i</i>	Z		-	1

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYI	AND-	CERTIF	CATE	OF	DEAT
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-7	,	4		1	A. A.

County Anne Arundel County Willage or City Crownsville State Hospitalno. Willage or City Crownsville State Hospitalno. (If death occurred in a horpital or institution, give its NAME; instead of street and number?) (If death occurred in a horpital or institution, give its NAME; instead of street and number?) (2) FULL NAME GET Ione White (3) Residence: No. Belltimore, Merrland (Unai place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DISAND of DISAND of DISAND of DISAND of DISAND of DISAND of One DIVORCED (wering two) S. Himarried, wideoved, or divorced: (10) WHI of DISAND of DISAND of DISAND of DISAND of DISAND of One DIVORCED (wering two) S. Himarried, wideoved, or divorced: (10) WHI of DISAND of One DISAND of DISAND of DISAND of DISAND of DISAND of One DISAND of DIS	1	. PLACE OF DEA	TH			1000				
Village or City. Crownsville State Hospitalno. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME Gerlone White (a) Residence: No. Belkinore. Merrian St. Ward. Honoresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SEX A. COLOR OR RACE S. SINGE, MARKED, MNOWN MEDICAL CERTIFICATE OF DEATH ACTION MEDICAL CERTIFICATE OF DEATH MEDICAL C		County Ann	e Arunde	l Coun	ty	Registration Dist. No.				
Length of residence in city or town where death occurred ys. mos. 43s. How long in U.S. If of feeling hirth? yrs. mos. 43s. How long in U.S. If of feeling hirth? Yrs. mos. 43s. How long in U.S. If of feeling hirth? Hi					te Hospit	Salwo. St Wa	ard			
2. FULL NAME (a) Residence: No. Beltinore Mirrand (b) Residence: No. Beltinore Mirrand (c) Residence: No. Beltinore Mirrand (d) Residence: No. Beltinore Mirrand (d) Mirrand (e) Color OR RACE (f) Color OR RACE (g) No					(If	death occurred in a hospital or institution, give its NAME instead of street and number)				
(a) Residence: No. Bellinore, Meriand St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE black No Diversion or divorced (rear) 1. DATE OF DEATH MEDICAL CERTIFICATE MEDICAL CERTIFICAT					yrs,mos	now long in U.S. It of foreign birth?yrsmos	ds.			
PERSONAL AND STATISTICAL PARTICULARS 3. SIX	2									
PERSONAL AND STATISTICAL PARTICULARS 3. SIX	1	(a) Residence: No	Baltim	Ora Mi	er il and	St., Ward.				
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Sa. If married, widowed, or divorced (cr) wife of	3.	1		SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH				
50. If married, welowed, or divorced HUSBAND or Corp. White of HUSBAND and year? 5. DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 5. MIT rade, profession, or particular kind of work done, as SPINNER. 5. Industry or husiness in which the string of the strin		male b	lack	OR DIVORCE	Derateths word)					
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T. AGE Vears Months 41 Unknown lday. It LESS than lday. Its Less than law occurred on the date stated above, at. 2 A · m. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: General Paralysis of the In- SAWER, BOOKKEPER, etc. Indicated one as SINK MILL, SAWER, BOOKKEPER, etc. Indicated one as SIN				1893	-					
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	-				16 1 502 than		aid			
State or country					1 day,hrs.					
Solution	-			AATT	ormin.	were as follows:	et			
Solution	O	kind of work done, SAWYER, BDOKKEE	as SPINNER, PER, etc	Labor	er					
12. BIRTHPLACE (city or town). North Carolina. Syphilis. 13. NAME Perry White 14. BIRTHPLACE (city or town). North Carolina. (State or country) 15. MAIDEN NAME Thens (Unknown) 16. BIRTHPLACE (city or town). North Carolina. (State or country) 17. INFORMANT Hospital Records. (Address) 18. BURIAL, CREMATION, OR BEMOVANE Place Total Carolina. (Address) 20. FILED. A Septimar. (Address) 21. BIRTHPLACE (city or town). North Carolina. (Signed) 22. If death was due to external causes (VIOLENCE) fill in also the following: 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Was disease of imjury occur? (Specify city or town, country and State) 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 27. For the country of injury in any way related to occupation of deceased? 28. BURIAL, CREMATION, OR BEMOVANE Place Total Carolina. (Signed) Manner of Injury in any way related to occupation of deceased? 29. FILED. (Signed) M. D. (Address) M. D. (M. C. (M. Carolina) M. C. (M. C. (PAT	9. Industry or business in	which			-52110				
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20. FILED 6/24 13 × E-9. Jogue (Signed) AM (MINISTER M. D. (Address) Crownsville (Signed) M. D.	19.		Vaule	oden,	- gent	24. Was disease or injury in any way related to occupation of deceased?				
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	20.	FILED JEY	13× Z.	Ti for	CP		. D.			
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BURE				
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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- 1 - 1 - 1 - 1	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year